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ABSTRACT

This report describes the Quality Enhancement Project (QEP), one of four major components of the Child Day Care Planning Project (CDCPP) of Cuyahoga County, Ohio. The major goal of the QEP was to develop a model for improving the quality of funded centers. The quality of care at 65 funded centers in Cleveland and 11 surrounding suburbs was assessed, and information on program characteristics was collected. Data for criteria concerning administrative issues were analyzed separately from criteria that were observable in classrooms. A total of 214 staff from 34 centers responded to a questionnaire about their perceptions of their centers' programs and administration, and 1,016 parents from 32 centers responded to a questionnaire regarding their perception of their centers. After the assessment, each center developed a work plan. In response to training needs, CDCPP surveyed the center directors regarding their perceptions of barriers to access to training and preferences for training. A series of 23 training sessions was then developed by CDCPP. In addition, a Staff Development Fund promoting professional development was implemented. Essential elements of an ongoing system were identified in the effort to develop an ongoing quality assessment, monitoring, and support system for funded day care centers. (RJC)

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# Solving the Puzzle of Child Care

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QUALITY ENHANCEMENT PROJECT
CENTERS
FINAL REPORT

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Child Day Care Planning Project

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# QUALITY ENHANCEMENT PROJECT
# CENTERS
# FINAL REPORT

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CENTER QUALITY ENHANCEMENT PROJECT

EXECUTIVE SUMMARY

The major goal of the QEP was to develop a model for on-going quality improvement/enhancement of funded centers by 1) establishing a community standard for quality care, 2) determining level of care currently provided, 3) assisting providers in making program improvements, 4) equating cost and quality to determine the cost of sustaining various levels of quality, 5) developing a system of coordination of staff development, 6) identifying sources of training funds, 7) supporting programs seeking national accreditation, and 8) developing policies that ensure long-term support for program improvement.

In the first phase of the QEP, the quality of care of 65 funded centers from Cleveland and 11 surrounding suburbs was assessed. Information on program characteristics was collected. The average number of children enrolled per center was as follows: 8 infants, 11 toddlers, 37 preschoolers and 16 school-agers. Over 90% of the centers received funds from parent tuition and/or public funds. Of the 328 staff reporting on their qualifications, over 50% had some college (including AA degrees) and another 22% were college graduates (4-year degrees). Almost 27% of 231 staff indicated that they had an AA degree in early childhood. Approximately 58% of 233 staff had less than 10 years of relevant experience. Directors had an average of 18 years of experience while teacher assistants averaged only 2.6 years. Centers had been in operation an average of 19.1 years.

The National Association for the Education of Young Children developed standards for high quality programs and incorporated those standards in an instrument used for accreditation for programs. This instrument was adapted for use in the QEP. The areas of assessment were interactions among staff and children, curriculum, staff-parent interaction, staff qualifications and development, administration, staffing, physical environment, health and safety, nutrition and food service and evaluation.

To gather data, eight two-person teams composed of a County monitor and an early childhood specialist observed the classrooms, checked the facility, interviewed the directors, reviewed written documents and reviewed responses on parent and staff questionnaires. Each criterion for each classroom was rated either "one"(criterion not met), "two" (criterion was partially met), or "three" (criterion was fully met). Program data were reported for 59 centers representing 222 classrooms.

The majority of centers (60.3%) were close to meeting all of the criteria: that is, scoring between 2.5 and 3.0. The lowest score of an individual classroom was 1.69, while 7 centers had an overall perfect score (3.00). An additional 53 classrooms scored 2.90 or better. The overall mean rating for all classrooms was 2.6.

Centers generally rated better on interactions among staff and children (2.73) and health and safety (2.74) than on curriculum (2.60) and physical environment (2.58). A number of classrooms received perfect (3.00) or near perfect (2.90+) on the different clusters of criteria; for example, interactions among staff and children (41%); curriculum (21%); physical environment (31%); and

health and safety (26%). On the other hand, 9% of all classrooms rated below 2.00 on interactions, 17% on curriculum, 12% on physical environment and .4% on health and safety.

Some of the individual criteria on which classrooms were rated highest were: all races and both sexes treated equally, enough indoor space, protected outdoor space, positive discipline, supervision of children, clean and sanitary areas, healthy conditions (e.g., washing hands, ventilated rooms). Problem areas were: helping children deal with anger and talk about feelings, multi-racial, non-sexist materials, respect for cultural diversity, private areas available for children, soft elements in environment, arrangement of space, smooth unregimented transitions, encouragement of thinking, reasoning and questioning. Many classrooms were also having problems in encouraging pro-social behavior, language development and creative expression, providing developmentally appropriate activities, and providing a variety of age appropriate materials and equipment.

Data for criteria dealing with administrative issues were analyzed separately from those criteria that were observable in classrooms. The criteria covered curriculum, staff qualifications and development, administration, physical environment, health and safety and nutrition and food service.

Overall, the range of center scores was between 1.88 and 3.00 with a mean of 2.77 for all centers. Twenty-three centers received ratings of 2.90 or better. Only one center received a rating of less than 2.00 and four centers received low ratings between 2.0 and 2.5. Overall, centers scored lowest on those criteria related to staff qualifications (2.53) and highest on physical environment (2.84) and health and safety (2.82).

As would be expected, centers scored high on those individual criteria that relate closely to state licensing requirements (e.g., staff health records, non-discriminatory hiring practices, attendance records, proper storage of food, written policies on administration of medications, nutritional meal, emergency procedures). Lowest rated criteria related to staff training plans, availability of an educational director, sufficient numbers of teachers with at least a credential or AA degree in early childhood.

Two-hundred-fourteen (214) staff from 34 centers responded to a questionnaire about their perceptions of their center's program and administration. Staff from 11 centers felt that more than 90% of the.administrative criteria were met in their centers. Staff from another 7 centers felt that their centers met at least 80-90% of the criteria. At the other end of the continuum, staff from two centers indicated that their centers met only 22% and 34% of the criteria. Over all centers responding, it appeared that an average of 85% of the criteria were met. They rated lowest on criteria related to staffing ratios and staff-parent interactions.

One-thousand-sixteen (1016) parents from 32 centers responded to a questionnaire regarding their perception of their centers. Parents from 18 centers indicated that their centers met more than 90% of the criteria related to staff-parent interaction and program evaluation. Parents from another 10 centers indicated that their centers met 80-90% of the criteria.

Following the assessment, a work plan was developed by each center. The plan summarized the assessment data, outlined action steps for making improvements, anticipated outcomes, available resources and timelines. Generally, the work plans identified a need for training in child development, especially related to toddlers and schoolagers; curriculum planning and implementation; meeting individual needs of children and responding to cultural diversity.

To fully understand and respond to the training needs, CDCPP surveyed the center directors regarding their perceptions of barriers to access of training and preferences for training. Approximately 40 questionnaires were returned indicating that the right topics were not offered by training programs (topics on toddlers and schoolagers were needed), the cost of training was too high, there was not enough time to get adequate training during "naptime," that training be held in the center or at least in close proximity and they were willing to attend training late afternoons, evenings and on Saturdays. In a follow-up survey, directors indicated that they needed training specifically to meet the new state licensing requirements (e.g., First Aid, Communicable Disease, Child Abuse).

Subsequently, a series of 23 training sessions were developed by CDCPP on the topics identified above plus sessions on child development, developmentally appropriate practices, working with parents, child guidance and special needs.

In addition, a Staff Development Fund was implemented in which financial assistance was offered to child care providers for consultation, training, college tuition, professional memberships, Child Development Associate credential fees, national accreditation fees and substitutes while teachers were in training. One-hundred-nine individuals from 13 centers received some type of assistance through the Fund.

A Directory of Resources for Staff Development and Training, listing 25 agencies, was developed by CDCPP and disseminated to all the funded centers. An Administrative Supplement was also developed.

The QEP work group focused on developing strategies for collaboration among training agencies/institutions. The workshops described above were the result of their planning efforts.

To prepare for the ongoing assessment and monitoring, 11 CCDHS monitoring staff and supervisors participated in a series of CDCPP sponsored workshops focusing on the assessment process and forms, developing and using work plans, review of the criteria for quality care, and the consultative role of the monitor.

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# INTRODUCTION

## A. Background

The Child Day Care Planning Project (CDCPP), initiated in 1984, is a public-private partnership designed to address the urgent, expanding need for cost effective, high quality, age-appropriate child care in Cuyahoga County, Ohio. The Quality Enhancement Project (QEP), one of four major CDCPP components, grew out of an interest by child care funders to better understand the quality of care provided by the centers which they support.

The initiation of a local QEP was timely. It coincided with a national movement which emphasized the need for identifying criteria for high quality programs. Until recently there was no formal consensus among child care professionals regarding "quality of care" - what it is, where it exists, and how it is identified. Child care advocates, state legislators, licensing inspectors, contract negotiators, early childhood professionals, funders and consumers struggled with the questions, "What is quality child care?" and "How is quality measured?"

Research to answer these questions has been slow to emerge. Early studies examined the effects of a range of child care options on children's attachment to their parents and on their cognitive, social, and language development. Variables such as length of time of care (e.g. full time care, part-time care), type of care (e.g. center care, family day care, care provided by the parent, self care), hours of care provided by a caregiver, and number of years a child has been in child care, have been examined. Other research focused on the effects of preschool experience versus no preschool experience (Lazar,

Darlington, et. al., 1982) and the effects of different program models (Karnes, Schwedel, & Williams, 1983; Miller & Dyer, 1975; and Miller and Bizzell, 1983) on children. A summary of the research can be found in Keeping Current in Child Care Research (Howes, 1986).

Recently, research on quality child care has begun to identify the critical program variables related to positive outcomes for children's development. Studies have measured child care quality by assessing different aspects of early childhood programs such as adult-child ratio, abundance of toys, staff experience, education and training, group size, stability of caregiver, program structure, and physical setting. The ABT National Day Care Study (Ruopp, Travers, Glantz & Coelen, 1979), a landmark study, focused on some of the above variables and found that small group size, low caregiver/child ratios, and caregivers with education/training relevant to young children relate to better care with somewhat superior developmental effects for children. Other research studies (Howes, 1983; Cummings and Beagles-Ross, 1983; Clarke-Stewart & Gruber, 1984; Cummings, 1980; Berk, 1985;) have supported some of the ABT findings.

As more research became available to substantiate the beliefs many early childhood professionals have held about good programs for children, the National Association for the Education of Young Children (NAEYC) initiated dialogue among professionals around the country. NAEYC developed the National Academy of Early Childhood Programs as a mechanism for the association to respond systematically to issues of quality. After extensive review of the research literature and much input from child care providers, educators,

consumers, and researchers, the Academy developed criteria for high quality programs and applied those criteria in evaluating and accrediting programs.

On the State level, Ohio's Day Care Licensing Law was undergoing revision. Many of the provisions under the law were outdated and did not ensure maximum health and safety for children in care. In addition, there were few requirements that ensured high quality care. In 1985 a new licensing law was passed and rules went into effect September 1986.

B. Need for the Project

At the local level there was little specific information available to child care funders on the full range of quality of care in funded centers. While some funders monitored the program quality of their child care centers, others did not. There was little consistency between monitoring procedures of different funding sources and no two funders used the same evaluation instrument. On a continuum of quality, child care funders knew that care ranged from programs barely meeting regulatory standards to program going far beyond minimum requirements. However, the instruments used for monitoring and evaluating programs against state licensing and Title XX funding requirements did not adequately discriminate between high quality and mediocre programs.

Prior to the initiation of the QEP, Cuyahoga County lacked an organized approach to quality improvement of child care. There were no widely accepted standards for high quality child care, no objective data on specific training needs of staff, no coordination of training resources and no systematic approach to identifying and responding to gaps in training services. Although

resources for staff development were available within the community, funders were not involved in seeing that their programs received the in-depth technical assistance many of them needed.

In 1983 a Child Care Policy Review Project was set up to examine a number of issues including child care quality. Through deliberations by a steering committee, an advisory committee, and a public hearing, the need for a community focus on quality was confirmed. Stakeholders in child day care services agreed that:

- strong state licensing and enforcement and Title XX monitoring should be supported
- funding of programs should be related to program evaluation and serve as an incentive for programs to improve the quality of care
- financial and human resources for provider training/consultation should be increased and designed to reach independent providers
- publicly funded training/consultation should be a resource for a larger number of providers
- funding of new programs should be contingent on program use of consultation to encourage quality
- an accreditation system should be supported
- consumer education on quality indicators should be supported

As the national professional organization identified quality indicators and developed an accreditation system for early childhood programs, local child care funders began to consider the need for policies and short and long term strategies to identify and improve the quality of care in community day care centers.

## PURPOSE OF THE PROJECT

### A. Principles

The development of the Quality Enhancement Project was based on three basic principles. First, both minimum and model community child care standards are necessary. The Human Services Research Institute (1984) suggests that minimum standards ensure the well-being of children, while model standards serve as a target for increasing levels of performance of child caregivers. Secondly, program evaluation is a necessary but insufficient step to ensure improvement in the quality of community child care. There must be support for staff development/ training to enable child care providers to move from the lower end of the continuum towards providing higher quality services. Thirdly, external program evaluation may result in some change in a program. More change is likely to occur if child care staff have an investment in that change. "Self study" is recognized as a critical component of program evaluation and offers a provider an opportunity to define areas for change.

The development of the QEP was also guided by the following basic assumptions:

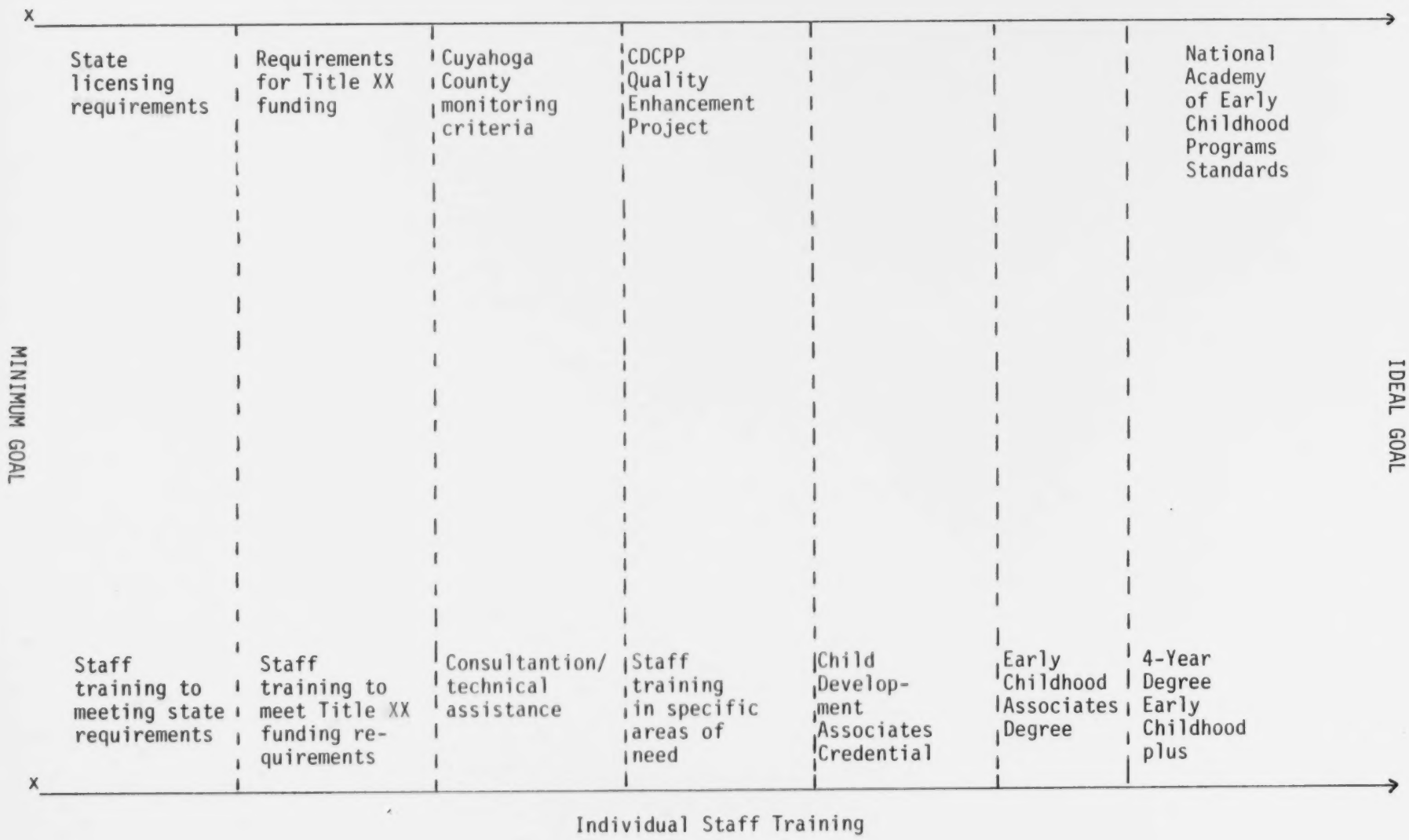
1. Quality of care provided in a center is directly related to the skills of the individuals who work in that center. The overall quality of care is upgraded only as individuals improve their skills.

2. The existing "quality" of care for funded centers in Cuyahoga County falls on a continuum from those centers barely meeting state requirements to those centers adhering to high professional standards for excellent programs.

3. To enhance the quality of care provided by a center (individual), it is necessary to start where the center (individual) is and establish a goal of where it wants to be within a given time frame.

The following chart depicts a continuum of standards that programs meet from the least to the most rigorous and the corresponding relationship to individual staff training and development.

## Program Standards and Staff Training



B. Goals

The major goal of the Quality Enhancement Project was to develop a model for on-going quality improvement/enhancement of Cuyahoga County child care centers. Subgoals included the following:

- To establish a community standard for high quality child care
- To determine the level of child care of currently funded providers
- To assist providers in setting and meeting their program improvement and staff development goals
- To equate cost and quality so that funders can determine the cost of sustaining various levels of quality on an on-going basis
- To develop a system for coordination of county-wide staff development efforts
- To identify and expand sources of funds for staff training
- To support local programs seeking national accreditation
- To develop policies that will ensure continued long-term support for program improvement and staff development

C. Objectives

The Quality Enhancement Project set the following objectives for child care funders and providers:

1. Child Care Funders will:

   - o Define a community standard for high quality care and identify the acceptable level of care for funded programs

   - o Evaluate the quality of care provided in 65 funded day care centers using an evaluation instrument agreed upon by the CDCPP funders

   - o Become knowledgeable of the range of quality of child care in funded centers and the specific needs of providers for improving care

   - o Provide cost-effective support services to programs to improve quality

   - o Initiate the development of a model project for on-going quality improvement

2. Child Care Providers will:

   - o Participate in the evaluation of their program

- Receive objective, constructive feedback from funding monitors and designated early childhood professionals regarding their program strengths, areas of concern and special needs

- Develop specific work plans that will help them achieve higher quality child care

- Access financial support and technical assistance provided by the funders for improving/enhancing the quality of care in their programs

- Participate in staff development and training activities specific to their needs

- Become knowledgeable of and have access to training resources that fit their individual needs

- Receive tangible incentives for participation in quality enhancement activities

In addition to setting objectives for the funders and providers of child care, CDCPP will support the accreditation process and quality improvement efforts established by the National Academy of Early Childhood programs. The project will:

- Provide the Academy with a profile of child care quality in an urban community

- Provide the Academy with a community model for improving child care services based on a community with a diversity of early childhood programs

- Share information with the Academy on strategies for involving local groups (e.g., resource and referral agencies, child care providers, training providers, licensing and funding agencies, educational institutions, AEYCS) in child care quality improvement efforts

- Provide information on the types of support child care funders can provide to programs preparing for accreditation

- Offer consultation to centers engaged in the Academy "self- study" process, thereby facilitating better preparation of centers before they seek accreditation

- Actively promote national accreditation and quality improvement by disseminating information on quality indicators, the accreditation process and available supportive resources.

QUALITY ENHANCEMENT PROJECT

OVERVIEW OF THE QEP

A. Description of Components

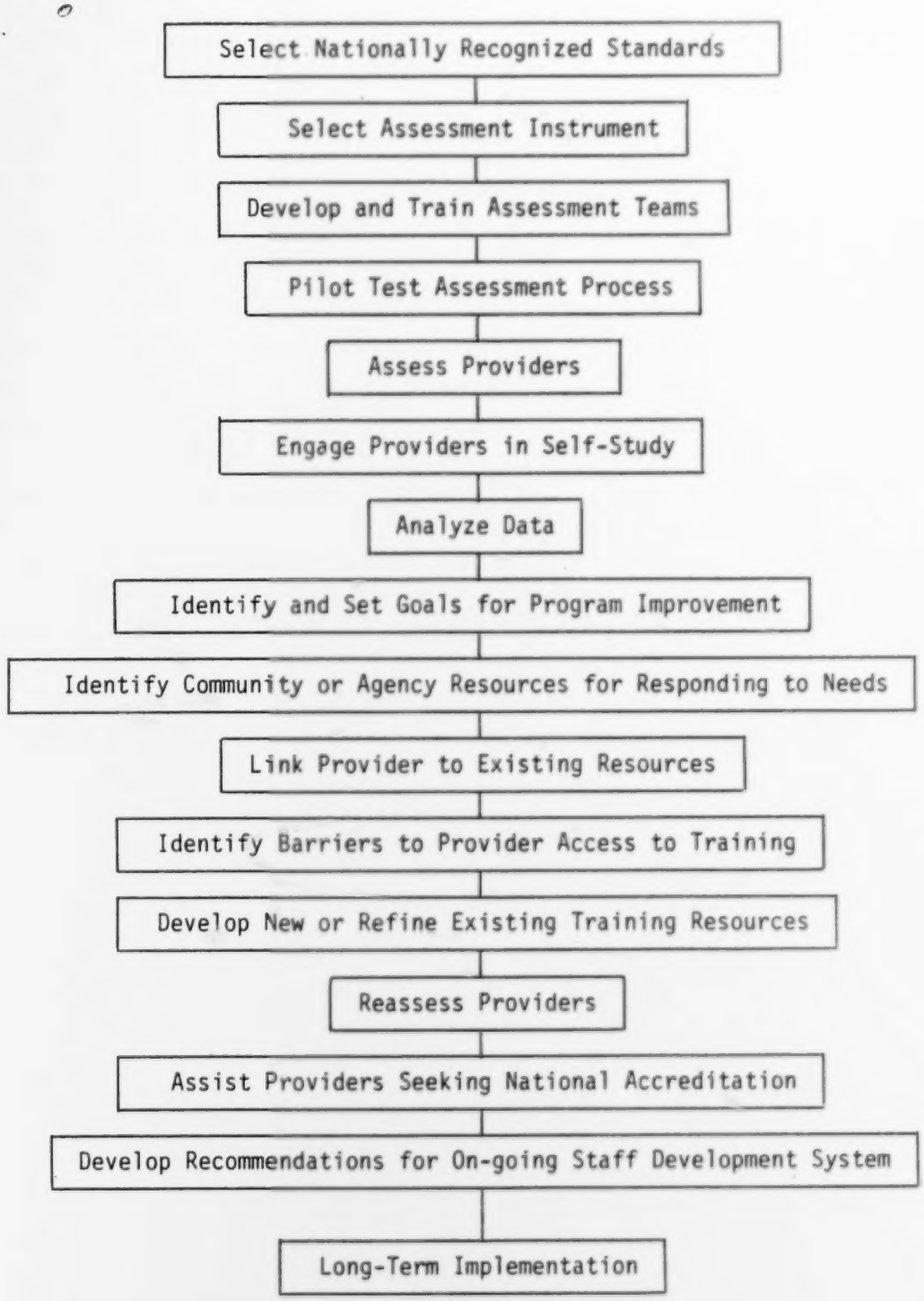
There were seven major components of the QEP:

- o Assessment of center quality - Phase I
- o Development of work plans - Phase II
- o Development and implementation of a training/staff development/support system - Phase III
- o Coordination of training - Phase IV
- o Reassessment of centers - Phase V
- o Promotion of national accreditation - Phase VI
- o Development of an on-going child care improvement system - Phase VII

Some of the components were designed to accomplish short-term objectives; other components will have long-term impact on the child care system. Most of the components of the model were applicable to home care as well as center based care. (A description of the Home Assessment/Enhancement Project is included in a separate document).

CDCPP staff, with the assistance of the Advisory Committee QEP Work Group, Cuyahoga County Department of Human Services Purchase of Service staff, Cuyahoga Community College Faculty, and child care funders, developed and implemented a model for a community system for quality enhancements/improvement. The following chart outlines the system components, the steps needed to complete each component, the procedures used by CDCPP to accomplish the steps and the rationale for each procedure. Throughout the implementation process, the basic model remained unchanged while specific procedures continued to be refined.

MODEL FOR IMPROVING CENTER BASED CHILD CARE


Select Nationally Recognized Standards
Select Assessment Instrument
Develop and Train Assessment Teams
Pilot Test Assessment Process
Assess Providers
Engage Providers in Self-Study
Analyze Data
Identify and Set Goals for Program Improvement
Identify Community or Agency Resources for Responding to Needs
Link Provider to Existing Resources
Identify Barriers to Provider Access to Training
Develop New or Refine Existing Training Resources
Reassess Providers
Assist Providers Seeking National Accreditation
Develop Recommendations for On-going Staff Development System
Long-Term Implementation

A MODEL FOR DEVELOPING A COMMUNITY SYSTEM FOR QUALITY ENHANCEMENT/IMPROVEMENT

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 1. Identify criteria for high quality early childhood programs. | o Reviewed child care standards set by other organizations (e.g. state departments of human services, national child care agencies, local program monitoring agencies). | To become familiar with a variety of criteria for all aspects of child care programs; |
| | o Determined that the National Academy of Early Childhood Programs Criteria for High Quality Programs was the most appropriate set of standards. | To select standards emanating from child development research, representing the position of an early childhood professional organization, and nationally accepted |
| 2. Select a program assessment instrument that can be adapted for local use. | o Revised the National Academy's self-study materials to correspond to specific criteria for state licensing and Title XX funding. | To reduce the number of different instruments used by local and state program monitors. |
| | o Used the assessment materials as a guide for program staff in self-study and for outside evaluators. | To maintain continuity between two types of program evaluation. |
| 3. Develop assessment teams, each composed of an early childhood specialist and a child care program monitor from the funding agent. | o Paired seven early childhood specialists with eight County Department of Human Services child care program monitors. | To ensure a comprehensive viewpoint for each assessment. Funding monitors have limited training/experience in early childhood; early childhood specialists have limited knowledge of special funding and licensing requirements. |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 4. Provide orientation/training to team members. | o Held seven three-hour training sessions.<br>o Early childhood specialists participated in the National Academy's Validator's training.<br>o Monitors held separate staff meetings on the assessment process with their supervisors. | To ensure a common understanding of the criteria for high quality programs, use of the instruments, observation, recording and interviewing techniques.<br>To facilitate specialists' knowledge of the Academy's self-study and accreditation process. |
| 5. Conduct a pilot study using the revised instrument and procedures. | o Invited selected centers to participate in the pilot and oriented directors to the assessment purpose and process.<br>o Each team assessed one center and inter-rater reliability was established.<br>o Revised procedures as a result of the pilot. | To test the usefulness of the adapted instrument and to refine the process. |
| 6. Orient all centers participating in the Quality Enhancement Project. | o Held open forums at which the assessment purpose and process were discussed. | To familiarize day care providers with the purpose and implementation plan of the Project and to elicit their support. |
| 7. Assign child care centers to each team. | o 65 centers participated in the QEP.<br>o Team assignments were balanced so that each included agency and non-agency sponsored centers, profit and non-profit centers, large and small centers.<br>o Potential conflicts of interest were avoided. | To include all funded programs in Greater Cleveland.<br>To provide teams with a wide perspective of a range of programs.<br>To ensure objective evaluations. |

| | STEPS | | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|---|---|
| 8. | Provide on-site orientation to each day care center director. | o | Provided each director with a set of the materials to be used in the assessment. | To establish a trust relationship between program evaluators and center staff and to facilitate their understanding of the expectations of the Quality Enhancement Project. |
| 9. | Prior to assessment, director completes basic center information forms. | o | National Academy's profile and staffing pattern forms and CDCPP training resources forms were completed. | To provide program evaluators with essential information to enhance their understanding of the unique characteristics of the center. |
| 10. | Observe and rate each classroom. | o | Team members independently rated each classroom using the Academy's Classroom Observation form as a guide; compared and combined ratings. | To determine if evaluators with limited early childhood training rate programs in the same way as early childhood specialists; to examine the changes that occur in ratings over time. |
| 11. | Review administrative documents and interview the director. | o | Team members independently rated administrative criteria, using the Academy's Administrative Report as a guide; compared and combined ratings. | To determine if evaluators with limited early childhood training rate programs in the same way as early childhood specialists; to examine the changes that occur in ratings over time. |
| 12. | Center director applies for self-study materials from National Academy of Early Childhood Programs. | o | Provided information on the criteria for high quality programs and the Academy self study and accreditation processes. | To encourage involvement of centers in the assessment process and to ensure center's self examination which will identify strengths and areas of need. |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 13. Implement supports for centers seeking accreditation. | o Reimbursement funds for half of the self-study application fee to the Academy were available to centers. | To motivate centers to undertake a self-study. |
| | o Provided materials and consultation from team members to centers for the purpose of:<br>- explaining the self-study<br>- orienting staff and/or parents to the self-study<br>- explaining process and advantages of self-study to board members. | To simplify and demystify the process of accreditation. |
| | o The same criteria for high quality programs used by the Academy were used in the assessment process. | To determine kinds of supports funders can provide to programs for accreditation.<br>To familiarize centers with and enhance their understanding of national standards as they participate in the project. |
| 14. Center begins the self-study process using the procedures and forms developed by the National Academy of Early Childhood Programs. | o Consultation provided to programs needing assistance. | To increase staff and parent understanding of the self-study process and to encourage individual center participation. |
| 15. Review and analyze data from team assessment and self study for each center. | o Entered data for all criteria for all participating centers into the computer. | To compile comprehensive assessment data for each program for use in developing staff development and training plans. |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 16. Teams and center directors use data to identify areas of strength and areas of concern and to develop work plans for each center. | o CDCPP Director and Training Systems Coordinator met with Center Director to orient them to the next phase of project - developing work plans. | To promote active involvement of those charged with developing and implementing the work plan. |
| | o Team compiled Observation Summary indicating areas of strength (criteria met) and areas of concern (criteria partially or not met) within the center. | To organize assessment data so that they can be presented to center director. |
| | o Team and director met to review Observation Summary and discuss team assessment in conjunction with center assessment (self study). | To model for the director an interactive process which can be used in developing individual training plans with staff. |
| | o Team and director collaborated in prioritizing areas of concern and in determining objectives, strategies, resources, timeline for improvement of the areas. | To provide a tool which will outline specific steps for short term and long term improvements and will be used in an on-going manner. |
| 17. Identify resources and support systems for centers and individuals. | o Training Systems Coordinator gathered resources used by participating centers within past year. | To obtain a comprehensive view of early childhood resources within the community currently used by centers. |
| | o CDCPP Project Director and Training Systems Coordinator met with key training providers and contacted other training organizations. | To explore the need for a community based clearinghouse of information and to promote dialogue regarding current resources and services. |
| | o Training Systems Coordinator compiled a preliminary resource list. | |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 18. Examine various staff development issues. | o Training System Coordinator invited key training providers to participate with QEP Work Group in examining staff development issues (e.g., addressing needs of childcare staff in relation to levels of development, experience, skill, learning style.) | To examine what constitutes effective staff development. |
| | o Determined how trainers could address the staff development issues. | To ensure that community resources meet the needs of individuals. |
| | o Met with center directors to get feedback on the staff development issues. | |
| | o Met with training providers individually, to discuss staff development issues. | |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 19. Institute a system for informing centers and individuals about existing resources. | o During the orientation to directors regarding the work plan phase, proposed plans for linking them to existing resources via a Resource Booklet were explained.<br>o Developed a Resource Booklet of community resources which included:<br>- a description of organizations and their services<br>- a cross reference chart of organizations and topics of training<br>- a listing of training activity summaries<br>- a bibliography of materials on staff development<br>o Distributed Resouce Booklet to each center participating in the project.<br>o Developed and disseminated an administrative supplement to the Resource Booklet. | To promote and facilitate efficient and effective staff development planning. |
| 20. Developed a system for assisting centers financially to meet their staff development needs. | o Outlined policies for centers to obtain financial supports.<br>o Distributed Staff Development Fund Policies and Procedures to each center participating in the project.<br>o Provided consultation to providers regarding their use of the fund. | To increase center accessibility to training and consultation resources. |

| STEPS | | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|---|
| 21. | Undertake a survey of barriers to centers accessing training. | o Developed and distributed a questionnaire to survey individual training/staff development activities during the past year. Information about barriers and preferences regarding location, frequency of training, scheduled time of day, cost, and topics were included. | To gather input from individuals regarding perceptions of their training/staff development experiences. |
| | | o Compiled findings for each center and forwarded information to the Director. | To assist the directors in understanding the preferences of their staff and to aid them in planning staff development. |
| 22. | Compare training/staff development needs and preferences with existing training resources. | o Derived areas of training/staff development needs from collected data (assessments, questionnaires, work plans) and compared them to existing resouces. | To identify for training providers staff development needs that are not currently being met. |
| | | o Informed training providers of findings. | |
| 23. | Develop or refine training/staff development resources. | o Explored with training providers ways they can avoid duplication of services and develop resources to close gaps in training and staff development. | To initiate a collaborative process among training providers as they develop services. |

| STEPS | CDCPP PROCEDURE | RATIONALE FOR CDCPP PROCEDURE |
|---|---|---|
| 24. Determine impact of project through reassessment of centers. | o Develop policies for reassessing centers. Policies may include:<br>- no assessment for those centers acquiring Academy accreditation and who have had no major changes in operation or personnel.<br>- partial assessment of some centers in specific areas of concern identified in work plans.<br>- full assessment of centers with many areas of concern.<br>- specific criteria to determine the degree of reassessment for groups of centers. | To document impact of project. |
| 25. Develop strategies for on-going monitoring of program quality. | o Outline how each funder could use the assessment instrument to monitor center improvement in quality.<br>o Determine how existing assessment data could be used as a basis for future assessments. | To ensure that funders have a useful process in place for monitoring program after CDCPP ends. |

January, 1987
CE3/BB/mc

## DEMOGRAPHICS

### A. QEP Participants

A total of 65 day care centers participated in the QEP. These centers were selected to participate because they all received funds from the child care funders who support the Child Day Care Planning Project, Cuyahoga County Department of Human Services (N=58), United Way Services (N=18), Federation of Catholic Community Services (N=2), the City of Cleveland (N=6), and/or Jewish Community Federation (N=1).

The profile completed by 62 of the centers, provided additional information about their characteristics.

### B. Years and Time of Operation

Fifty-seven (57) centers reported that they had been in operation an average of 19.12 years with one center having been open for as long as 105 years. The majority of centers have operated between 1 and 25 years (See Table below).

YEARS OF OPERATION OF CENTERS

| YEARS OF OPERATION | N |
|---|---|
| 1 - 25 | 45 |
| 26 - 50 | 8 |
| 51 - 75 | 2 |
| 76 - 100 | 1 |
| 100+ | 1 |

All centers which reported on the number of days per week they operated (N=17) indicated that they were open five days; no centers indicated that they operated on Saturday and Sunday.

C. Locations

Programs were located in several areas of Cuyahoga County. The majority of centers (N=48) were located in the City of Cleveland. Smaller numbers were in the suburbs (East Cleveland, N=4; Cleveland Heights, N=1; Shaker Heights, N=2; Lakewood, N=2; Parma, N=1; Euclid, N=1; Bedford Heights, N=1; Warrensville Township, N=1; University Heights, N=1; Maple Heights, N=1; Garfield Heights, N=2).

D. Center Size and Ages Served

The size and composition of the centers varied on the number of classrooms, the number of children enrolled and the ages of children served. There were centers with as few as one classroom (N=5) to as many as eight classrooms (N=1). The largest number of centers (N=17) had four classrooms each. Seven centers had six classrooms each.

The range of children enrolled was a low of 17 children per center to a high of 133 children per center. Data on 62 centers indicated that they served infants, toddlers, pre-schoolers and school-agers (See Table below).

AGE GROUPS SERVED BY CENTERS

| Age | Range of Number of Children Enrolled low high | Average Number of Children | Number of Centers | Percent of Centers |
|---|---|---|---|---|
| Infants | 1 - 12 | 8 | 7 | 11.3% |
| Toddlers | 1 - 40 | 11 | 44 | 71.0% |
| Preschoolers | 7 - 92 | 37 | 56 | 90.3% |
| Schoolagers | 1 - 59 | 16 | 46 | 74.2% |

The total number of children enrolled at the centers during the assessment period was 55 infants; 500 toddlers; 2,088 preschoolers; and 721 school-agers (6 years and older) for a total of 3,364 children.

The number of children served in any age category varied from center to center.

- Of the centers providing infant care, four provided care for fewer than 10 children and three provided care for slightly more than 10.

- More than half of the centers providing toddler care (N=23), cared for fewer than 10 toddlers. Thirteen (13) centers cared for 10 - 19 toddlers and only eight (8) centers cared for 20 or more toddlers.

- Preschool care was provided by the largest number of centers with 18 centers providing care to fewer than 25 preschoolers, 28 centers providing care to 25 - 49 preschoolers, seven centers providing care to 50 - 79 preschoolers and only three centers providing care to 80 or more preschoolers.

- o Because of the wide variability in the numbers of school-agers served by individual centers, it is important to note that most of the centers (N=36) served between one and 24 school-agers, only nine centers served 25-49 school-agers and only one center served more than 50 school-agers.

E. Staff/Child Ratios

Prior to the assessment, each center completed a staffing pattern form indicating the number and age of children enrolled in each group. In addition, the number of staff members assigned to each group and the hours worked by the staff members were noted. Across programs, it appeared that children of different ages were grouped together during the very early and very late hours of the day. Thus, only data on staff/child ratios during the period between 9:00 a.m. - 3:00 p.m. were analyzed.

AVERAGE STAFF/CHILD RATIOS ACROSS 223 CLASSROOMS

| Age of Children in Group | Average Staff/Child Ratio | Range Low | Range High |
|---|---|---|---|
| Infants | 4.57 | 2.85 | 6.00 |
| Infants/Toddlers | 6.00 | 6.00 | 6.00 |
| Toddlers | 6.03 | 3.50 | 13.80 |
| Toddlers/Preschoolers | 6.70 | 1.10 | 9.50 |
| Preschoolers | 7.27 | .42 | 17.71 |
| Preschoolers/Schoolagers | 6.77 | 1.50 | 10.63 |
| Schoolagers | 9.01 | 1.50 | 23.80 |

F. Funding Sources

Sixty-one centers indicated that they received funds from a variety of sources. Fifty-seven of those centers (93.4%) received funds from parent tuition; fifty-six centers (91.8%) received public funds; 20 centers (32.8%) received community funds; 11 centers (18.0%) received funds from church contributions; eight centers (13.1%) received funds from employer contributions; and 15 centers (24.6%) received funds from other sources.

Of all the funds received by 61 centers,

- 34.1% of the funds came from parent tuition
- 33.5% came from public funds
- 12.0% came from community funds
- 6.6% came from church contributions
- 4.8% came from employer contributions
- 9.0% came from other sources

G. Center Staff Education and Experience

Three hundred and twenty-eight (328) staff from 42 centers returned information on their staff qualifications (e.g., education, experience). The following table indicates their level of formal education by position title. Slightly over 50% of the staff had some college (including AA degrees), and another 22% were college graduates (4-year degrees).

EDUCATION (N=328)

| | Some H.S. | H.S. Grad | Some College | College Grad |
|---|---|---|---|---|
| Director (N=35) | 0% (N=0) | 2.8% (N=1) | 42.8% (N=15) | 54.3% (N=19) |
| Ass't Director (N=6) | 0% (N=0) | 16.7% (N=1) | 83.3% (N=5) | 0% (N=0) |
| Head Teachers (N=19) | 0% (N=0) | 26.3% (N=5) | 47.3% (N=9) | 26.3% (N=5) |
| Teachers (N=110) | 0% (N=0) | 22.7% (N=25) | 55.5% (N=61) | 21.8% (N=24) |
| Teachers Ass't (N=7) | 42.9% (N=3) | 42.9% (N=3) | 14.3% (N=1) | 0% (N=0) |
| Aides (N=73) | 0% (N=0) | 40% (N=29) | 43.7% (N=32) | 16.3% (N=12) |
| Other | 3.8% (N=3) | 24.3% (N=19) | 55.1% (N=43) | 16.6% (N=13) |
| TOTALS | 1.8% (N=6) | 25.3% (N=83) | 50.6% (N=166) | 22.2% (N=73) |

Of the 231 staff who indicated the amount of early childhood related training they had, the largest percent (26.8%) had an AA degree in Early Childhood Education. Three staff members indicated that they had a doctorate degree in the field. An ECE/CD unit was defined as 16 classroom hours or one semester hour of study in early childhood education or child development earned through college level courses, vocational courses or in-service training.

EARLY CHILDHOOD TRAINING (N=231 STAFF)

| 1-6 Units | 7-12 Units | 13+ Units | AA ECE | BA/BS ECE | Grad WK/ECE | Master's ECE | Doctorate ECE |
|---|---|---|---|---|---|---|---|
| 23.8% (N=55) | 9.5% (N=22) | 22.5% (N=52) | 26.8% (N=62) | 9.5% (N=22) | 1.3% (N=3) | 5.19% (N=12) | 1.3% (N=3) |

More staff had some type of formal education but not necessarily in early childhood education.

Thirty-one staff indicated that they had other credentials/certificates.

CREDENTIALS (N=31)

| CDA | State Certificate ECE | State Certificate ElEd | Other |
|---|---|---|---|
| 32.2% (N=10) | 32.2% (N=10) | 35.4% (N=11) | (N=0) |

As would be expected, directors overall had more years of relevant experience than teachers or aides, with the maximum number of years being 40 and the minimum number, 5 years.

YEARS OF RELEVANT EXPERIENCE (N=233)

| | Less than 10 years | 10-19 years | 20+ years | Average Years Experience |
|---|---|---|---|---|
| Directors | 14.3% (N=5) | 57.1% (N=20) | 28.6% (N=10) | 18.0 |
| Ass't Directors | 14.3% (N=1) | 71.4% (N=5) | 14.3% (N=1) | 14.85 |
| Head Teachers | 44.4% (N=8) | 38.9% (N=7) | 16.7% (N=3) | 11.56 |
| Teachers | 63% (N=63) | 35% (N=35) | 2% (N=2) | 7.82 |
| Teacher Ass't. | 100% (N=6) | 0% (N=01) | 0% (N=0) | 2.67 |
| Aides | 78% (N=52) | 18% (N=12) | 4% (N=3) | 6.05 |
| TOTALS | 57.9% (N=135) | 33.9% (N=79) | 8.1% (N=19) | |

# ASSESSMENT

## A. Research Questions

The Quality Enhancement Project (QEP) was designed to answer a number of questions about the quality of care provided by the group of centers which participated in the study as well as provide information on individual centers. Since the Project was also concerned about the process for enhancing quality in centers, some of the questions to be answered related to the development and implementation of the QEP process.

1. Baseline data on the quality of care across all centers:

    - o What is the overall quality of care provided by the centers in the study?

    - o What quality indicators are met by most programs?

    - o What quality indicators are not met by most programs?

    - o What are the similarities between programs which are rated about the same on quality?

    - o How do programs which are similar on a particular variable rate on quality?

        - How do programs with comparable staff/child ratios for specific age groups rate on quality?

- How do programs with comparably trained staff rate on quality?

- How do programs which have similar staff experience rate on quality?

- How do programs funded by a specific funding source rate on quality in comparison to programs not funded by that source?

o How do parents rate their child's program?

o How do staff members rate their program?

2. Baseline data on the quality of individual centers:

o Which criteria are problems within a center across all classrooms?

o What are the strengths of a specific center?

o What are the areas of concern of a specific center?

3. Results of self-study:

o How does the director view her program?

o How does the external assessment compare with a center's self-study?

- o How do centers who complete the self-study rate on quality?
- o In what ways are centers similar who do not engage in self-study?

4. Effectiveness of the external raters:

- o On which items do assessment team members agree most?
- o On which items do assessment team members disagree most?
- o Over the course of their work together, do team members show increased or reduced discrepancy in their ratings?

B. Assessment Instrument

After reviewing a number of program assessment instruments, the Quality Enhancement Project Work Group recommended that the "self study" instrument developed by the National Academy of Early Childhood Programs (NAECP) be adapted for use by CDCPP. The Academy's criteria for high quality early childhood programs were developed over a three-year period after professional staff and committees of experts reviewed approximately 50 evaluation documents and researched the literature on the effects on children of various components of an early childhood program. (Accreditation Criteria and Procedures, 1984).

The validity of the criteria as indicators of a good quality program was tested by submitting them to approximately 250 early childhood specialists throughout the country. The criteria were then revised based on the recommen-

dations of the 175 specialists who responded. A draft of the criteria was published in the November 1983 issue of Young Children, NAEYC's journal which was distributed to over 43,000 members. NAEYC members were requested to review and comment on the criteria. Numerous individuals and NAEYC affiliate groups reviewed and critiqued the draft. Open hearings were also held at NAEYC conferences in 1982 and 1983 to receive comment about the accreditation system. The criteria were then field tested in 32 early childhood programs in four areas of the country. The criteria were adopted by NAEYC's Governing Board in July 1984.

The instrument was subjected to several tests for reliability. To determine its internal consistency (i.e., the way in which individual items relate to the total score and to each other), an item analysis of the early childhood classroom observation criteria was performed (Bredekamp, 1985). The items with the lowest correlations with the total score were the health and safety items and those with the highest correlations related to preschool curriculum. Bredekamp also used factor analysis to determine the relationships that existed among the items within the instrument.

In summary, the instrument contained criteria for high quality programs that were based on child development theory and acceptable practices. They were drawn from early childhood research data which identified those factors having a positive impact on children's developmental growth. Because NAEYC members, researchers, parents, representatives from other disciplines, teachers, child development specialists, public officials, and others provided input to the development of the criteria, they represented broad-based thinking on the types of programs most appropriate for young children. The criteria are

becoming nationally accepted indicators of high quality child care. They were designed to be:

- o General enough to cover different types of settings
- o Specific enough to be objectively observable
- o Precise enough to convey the true meaning of each component of group programs
- o Comprehensive enough to allow for individual variations.

C. Use of Instrument for Local Assessment

Although the Academy's instrument was not designed to be used as an external assessment instrument, the QEP Work Group believed that it could be effectively adapted to meet local needs. The strength of the instrument was its comprehensiveness in addressing all aspects of early childhood programs which should be included in an evaluation.

By using the NAEYC program standards for local assessment purposes, the QEP Work Group believed that:

- o The NAEYC standards would provide program monitors and providers with clear criteria for appropriate early childhood practices that can be used for objective program evaluation. Monitors and providers would be able to identify objectives for specific program improvements.

- o Providers and monitors would both become familiar with the criteria and the evaluation process. Continued use of the same criteria would enhance the working relationship between monitors and providers as

common understandings and expectations about individual programs emerge. Monitoring would then focus on quality "enhancement" in addition to quality "regulation".

- Child care funders would have a better understanding of the quality of local programs and the needs of providers as measured against national standards.

- Child care funders would be able to identify goals for improvements of local programs.

- Child care funders would have access to a sound assessment instrument to facilitate their evalaution of programs under contract.

- Child care funders and providers would establish a common understanding regarding community standards for high quality care.

- The Accreditation Criteria and Procedures (NAEYC, 1984) would be available and accessible by providers and monitors to assist in interpretation of the standards.

- Child care funders would help to increase the awareness of directors to the criteria for accreditation.

D. Assessment Forms

The following Academy forms were used to gather data on the 65 day care centers participating in the assessment process:

- o Early Childhood Classroom Observation Form
- o Administrator Report
- o Center Profile
- o Staff Qualifications
- o Staffing Pattern
- o Staff Questionnaire
- o Parent Questionnaire.

In order to gather data on centers' compliance with Title XX funding and state licensing regulations while conducting the quality assessment, the forms were modified to identify those criteria related to the regulations.

The observation form and administrator report form were completed by the assessment team during their visit to the center. Directors completed the center profile and staffing pattern. Staff completed their qualifications worksheets and questionnaires and parents completed their questionnaires.

Additional sources of information were documents on file at the centers and CDCPP questionnaires regarding training resources and barriers to access of training.

The criteria were divided by the Academy into the following clusters:

- Interactions Among Staff and Children (A)
- Curriculum (B)
- Staff-Parent Interaction (C)
- Staff Qualifications and Development (D)
- Administration (E)
- Staffing (F)
- Physical Environment (G)
- Health and Safety (H)
- Nutrition and Food Service (I)
- Evaluation (J)

Evidence of how programs met the 68 criteria for high quality programs was observable in the classrooms and evidence of how the programs met the 96 administrative criteria was gathered from observation of the facility, director interview, review of written documents, and staff and parent responses on the questionnaires. For purposes of analysis, the 96 administrative criteria were separated into three categories, 1) those items (N=46) for which documents, interviews and observations were the basis of the rating, 2) those items (N=44) to which staff responded, and 3) those items (N=15) to which parents responded.

The items included in each category were generally drawn from more than one cluster. Essentially, classroom observations covered criteria in the clusters defined as interactions among staff and children, curriculum, physical environment, health and safety and nutrition. Staff questionnaires related

primarily to criteria included in the clusters defined as curriculum, staff-parent interaction, staff qualifications and development, administration staffing, health and safety and evaluation. Parent questionnaires related primarily to criteria included in the clusters defined as staff-parent interation, health and safety, nutrition and evaluation.

E. Scoring

CDCPP used the same scoring as the Academy. Each criterion was rated either "one", "two", or "three". One indicated that the criterion was not met. There was little evidence that the statement accurately described the program. "Two" indicated that the criterion was partially met. There was some evidence that the statement accurately described the program. "Three" indicated that the criterion was fully met. There was a great deal of evidence that the statement accurately described the program throughout the day.

Each classroom in a center was observed by a team of two people, independently rating the class with 1, 2, or 3. Team members compared ratings and mutually agreed on ratings for each criterion for each classroom. All ratings for a classroom were added and divided by the total number of ratings to find an average rating. To determine the center's average rating on each individual criterion, ratings for all classrooms were added and divided by the total number of classrooms having a rating on the criterion. To determine the center's overall rating on all criteria and all classrooms, all ratings were added and divided by the total number of ratings.

A similar process was used to get the average ratings on administrative criteria on the parent and staff questionnaires. To determine the center rating on other administrative criteria, the team members independently rated each criterion after reviewing documents, interviewing the director or observing the facility. The team compared ratings and mutually agreed on the center's rating on each criterion.

A center's compliance with state licensing and Title XX funding regulations was determined by separate ratings on those items that specifically related to the regulations.

F. Instrument Limitations

First, program evaluators expressed concern that 1, 2, or 3 ratings were inadequate. It was fairly easy to rate programs either "not meeting" or "fully meeting" a criterion. A 2 rating, however, did not distinguish between programs that were closer to a 3 rating and those that were closer to a 1 rating. The evaluators would have preferred to have a 2+ and a 2- rating.

Secondly, having multiple sources of information for many of the administrative criteria proved to be confusing for the evaluators. It was difficult for them to rate with confidence some criteria if all sources of information were not available (e.g. parent questionnaires).

Thirdly, evaluators found the revised assessment form which included Title XX and licensing regulations cumbersome to use. It required them to keep in mind, throughout the assessment process, both required and voluntary stan-

dards. (During the QEP implementation phase, Ohio day care licensing law and Title XX standards changed thus nullifying the data collected in this area).

Finally, the evaluators felt that there were too many separate forms on which to record and compare information.

G. Assessment Procedures

Once a decision was made by the QEP Work Group regarding the assessment instrument, CDCPP began implementation of the assessment process. The CDCPP director, training systems coordinator (on loan from Cuyahoga Community College Early Childhood Education Faculty), and CCDHS Purchase of Service supervisory and monitoring staff were primarily responsible for designing, overseeing and carrying out the assessment process. There was, however, periodic input from the QEP Work Group. The goal of involving a number of persons in the development and implementation of the QEP assessment was to take advantage of the diverse knowledge and expertise of individuals who work in the field or who have close working relationships with child care providers.

Early childhood specialists were carefully selected after CDCPP issued a Request for Qualifications (RFQ) of potential consultants who could work with CDCPP in a number of areas. The CDCPP director reviewed the resumes that were submitted, selected candidates for consultants and interviewed each regarding program evaluation issues, day care concerns, their experiences with day care programs, conflicts of interest, and their expertise as a consultant.

CDCPP developed eight assessment teams, each composed of an early childhood specialist and a child care program monitor from the Cuyahoga County Department of Human Services. There were seven specialists and eight monitors, consequently one specialist served on two teams. Specialists and monitors were randomly assigned to teams and provided seven intensive three-hour training sessions. CCDHS supervisors also participated in the training. These sessions provided by the CDCPP director and the training systems coordinator covered topics such as quality indicators, the assessment process and forms, and the consultative role of an assessment team.

A pilot study was conducted in which each team assessed a day care center using the Academy's adapted assessment forms. The purpose of the pilot was to give the teams experience in working together and to familiarize them with the quality criteria, the assessment forms and the process. The eight centers selected to participate were located within Cuyahoga County but were not a part of the 65 funded centers scheduled to participate in the CDCPP assessment. The centers in the pilot were not randomly selected. They were chosen because they offered care for a range of ages, they had been operating for several years, and the directors had a history of participation in the local AEYC and, therefore, presumably, were aware of the NAEYC accreditation standards and process.

Prior to assessment, the center staff received an orientation on the NAEYC standards and the assessment process. Each center was rated independently by each of its team members. The purpose of the independent rating was to establish inter-rater reliability. While the assessments in the pilot were invaluable experiences for the team members, the data that resulted did not

lend itself to a reliable analysis of inter-rater reliability. The instrument and the process were refined following the pilot study.

CDCPP staff and child care funders implemented several procedures to prepare center directors for the impending assessment. Funders notified their funded centers of their desire to have them participate in the assessment process. For example, CCDHS Purchase of Service Department sent a letter to each of its Title XX funded centers briefly outlining their expectations regarding center participation. In addition, they included in center contracts a clause regarding participation in the CDCPP administered assessment process.

The specific preparation for assessment and the procedures undertaken by CDCPP staff and the teams are described in a previous section of this report (Section III, Overview of the QEP).

For the most part, the procedures which were developed were effective and efficient and enabled the assessment teams to gather data about individual programs. On the average, it took a team two days to conduct a center assessment including classroom observations, director interview, document review, and observations of the facility. Additional time was needed by the team to orient directors, collect other assessment forms (e.g., questionnaires), write a summary of their observations during the assessment visit, and develop a work plan with each director.

During the assessment phase, directors were encouraged to participate in a "self-study" using the process and materials developed by the National Academy of Early Childhood Programs. Directors were assisted in the following ways:

- Directors were given a copy of "How to Do the Self-Study" (See Appendix).

- Directors could purchase Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs from CDCPP at a reduced cost.

- Directors could apply to CDCPP for financial assistance for a portion of the application fee for "self-study" materials from the Academy. (See Staff Development Forms in Appendix).

Since "self-study" was voluntary, assessment teams were given instructions regarding how to proceed with the assessments and development of work plans for centers completing self study as well as those who would not be completing it.

## ASSESSMENT RESULTS

### A. Classroom Observations

Data from classroom observations were compiled and analyzed in several different ways so that comparisons of classrooms within each center and comparisons across all centers would be possible.

1. Each classroom in each center was rated "1", "2", or "3" on each criterion. Ratings for classrooms were summarized so that each classroom received an average overall score and an average score for each cluster of criteria (e.g., Interactions Among Staff and Children). The average overall score and cluster scores for 222 classrooms were compiled and statistically analyzed.

2. The overall classroom scores and cluster scores were compiled by center so that each center had an overall center score and a score on each cluster of criteria.

3. Groups of scores at both the classroom and center level were analyzed in terms of means, ranges, standard deviations, frequencies, percentages, and percentiles.

#### Ratings Across All Centers For All Criteria

Classroom observation data were summarized and reported for 59 out of the 65 centers. The majority of the centers (60.3%) were close to meeting all the

criteria for high quality programs. Of special concern were the eight centers scoring 1.5 - 1.99 which indicated that there were a number of criteria either not met or only partially met.

Percent of Center Ratings on All Criteria

| Ratings | Number of Centers (Frequency) | Percent | Cumulative Percent |
|---|---|---|---|
| 1.0 - 1.49 | 0 | 0 | 0 |
| 1.5 - 1.99 | 8 | 13.8 | 13.8 |
| 2.0 - 2.49 | 15 | 25.9 | 39.7 |
| 2.5 - 3.0 | 35 | 60.3 | 100.0 |
| Total | 58 | 100.0 | |

The actual range of ratings was 1.80 to 2.99 with 50% of the centers scoring 2.64 or better. Twelve centers (20.6%) scored 2.90 or better.

Overall Scores of Centers at Various Percentiles

| | Percentiles | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Centers | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| Scores | 1.94 | 2.27 | 2.41 | 2.54 | 2.64 | 2.75 | 2.86 | 2.90 | 2.95 |

Ratings Across 222 Classrooms for All Criteria

Classroom observation data were also summarized for the 222 classrooms in the 59 centers. The lowest overall score of an individual classroom was 1.69 (N=1) and the highest score was 3.00 (N=7). These seven classrooms were a part of three centers. An additional fifty-three (53) classrooms scored 2.90 or better. The overall mean rating for all classrooms was 2.597.

Frequency of Overall Means for 222 Classrooms

| Means | Number of Classrooms (Frequency) | Percent | Cumulative Percent |
|---|---|---|---|
| 1.00 - 1.49 | 0 | 0 | 0 |
| 1.50 - 1.99 | 21 | 9.5 | 9.5 |
| 2.00 - 2.49 | 51 | 23.0 | 32.5 |
| 2.50 - 2.99 | 143 | 64.4 | 96.9 |
| 3.00 | 7 | 3.1 | 100.0 |
| Total | 222 | 100.0 | |

Ratings of All Centers on Clusters of Criteria

The center scores varied on the individual clusters of criteria with centers generally doing better on Interactions Among Staff and Children and Health and Safety than on Curriculum and Physical Environment (see Table below).

Center Ratings on Clusters of Criteria

| Cluster | Range Low - High | Scores at 50th Percentile |
|---|---|---|
| Interactions Among Staff and Children | 1.60 - 3.00 | 2.73 |
| Curriculum | 1.42 - 3.00 | 2.60 |
| Physical Environment | 1.62 - 3.00 | 2.58 |
| Health and Safety | 2.06 - 3.00 | 2.74 |

While no center scored a perfect 3.00 on all criteria, there were some centers which had perfect scores on individual clusters of criteria. For Interactions Among Staff and Children, four centers had a perfect rating of 3.00 and another 12 centers scored 2.90 or better. Six centers had a rating below

2.00. For Curriculum, two centers had a perfect rating of 3.00 and another eight centers scored 2.90 or better. Thirteen centers had a rating below 2.00. For Physical Environment, seven centers had a perfect rating of 3.00 and another seven centers scored 2.9 or better. Ten centers had a rating below 2.00. For Health and Safety, four centers had a perfect rating of 3.00 and another 11 centers scored 2.9 or better. No centers had a rating below 2.00

Ratings of 222 Classrooms on Clusters of Criteria

The mean scores for different clusters were fairly close with Health and Safety having the highest score. The range of classroom scores for individual clusters of criteria, however, was wide. (see Table below).

Mean Classroom Scores on Clusters of Criteria

| Cluster | Mean | Range Low | | High |
|---|---|---|---|---|
| Interactions Among Staff and Children | 2.62 | 1.40 | - | 3.00 |
| Curriculum | 2.51 | 1.26 | - | 3.00 |
| Physical Environment | 2.55 | 1.36 | - | 3.00 |
| Health & Safety | 2.73 | 1.94 | - | 3.00 |

A number of classrooms rated 2.90 or better on individual clusters of criteria with some classrooms rating a perfect score of 3.00 (see Table below).

High Classroom Ratings on Clusters of Criteria

| Cluster | Number Classrooms Rated 3.00 | Percent of all Classrooms w/3.00 Rating | # Centers represented w/3.00 Rating | Number Classrooms Rated 2.90+ | Percent of all Classrooms w/2.90 + Rating |
|---|---|---|---|---|---|
| Interactions Among Staff and Children | 55 | 24.7 | 23 | 37 | 16.7 |
| Curriculum | 26 | 11.7 | 11 | 22 | 9.9 |
| Physical Environment | 51 | 22.9 | 16 | 19 | 8.5 |
| Health & Safety | 41 | 18.4 | 16 | 18 | 8.1 |

On the other end of the continuum, several classrooms were rated below 2.00 on individual clusters of criteria indicating that many criteria were not met.

Classroom Ratings Below 2.00 on Clusters of Criteria

| Cluster | # Classrooms Rated Below 2.00 | Percent of all Classrooms |
|---|---|---|
| Interactions Among Staff and Children | 21 | 9.4 |
| Curriculum | 38 | 17.1 |
| Physical Environment | 27 | 12.1 |
| Health & Safety | 1 | .4 |

Ratings of 222 Classrooms on Individual Criteria

All classrooms were rated on 68 individual criteria, scoring exceptionally well on some and poorly on others. Seventy percent or more of the classrooms received a three rating on the following criteria:

- Interactions Among Staff and Children

  A - 4a treats all races equally (88.7%)
  A - 4b provides children of both sexes with equal opportunity to participate in activities (87.7%)
  A - 6b positive discipline (83.3%)
  A - 7 sound of group is pleasant (70.3%)

- Curriculum

  B - 4a balance of indoor/outdoor activities (74.8%)
  B - 4b balance between quiet and active play (77.5%)

- Physical Environment

  G - 1a enough usable space indoors (79.3%)
  G - 1b enough usable space outdoors (87.8%)
  G - 5 individual storage space for children (84.2%)
  G - 9b outdoor play area is protected (91.9%)

- Health and Safety
  - H - 7 children under supervision (93.2%)
  - H - 12 children dress appropriately (85.1%)
  - H - 13a areas kept reasonably clean (85.6%)
  - H - 13b toileting, diapering areas sanitary (86.5%)
  - H - 14b sink close to diapering/toileting (86.4%)
  - H - 17a toilets, water accessible (87.8%)
  - H - 17b soap, disposable towels provided (87.8%)
  - H - 17c children wash hands (81.0%)
  - H - 18a areas well lighted, ventilated (80.2%)
  - H - 18b electrical outlets capped (84.0%)
  - H - 20 chemical stored appropriately (73.4%)

Of all the criteria that were rated, H-7 (children under supervision) had the highest overall mean rating (2.93).

Some criteria were apparently problematic for many classrooms. Forty-five percent (45%) or more of the classrooms received a rating of 1 (not met) or 2 (partially met) on the following criteria:

- Interactions Among Staff and Children
  - A - 6a uses positive discipline (46.8%)
  - A - 8b help children deal with anger/sadness (48.7%)
  - A - 11 encourage children to talk about feelings (51.4%)

- Curriculum
  - B - 5a multi-racial, non-sexist materials (57.7%)
  - B - 7c encourage thinking, reasoning, questioning (45.9%)
  - B - 7h respect cultural diversity (48.2%)
  - B - 9 smooth and unregimented transitions (55.7%)

- Physical Environment
  - G - 3 space arranged to facilitate variety of activities for each age group (45.5%)
  - G - 6 private areas available (56.3%)
  - G - 7 environment includes soft elements (63.0%)
  - G - 9a variety of activities can go on outdoors (50.4%)

- Nutrition and Food Service
  - I - 3 foods indicative of children's cultural backgrounds served periodically. (53.4%)

Of all the criteria that were rated, G-6 (private areas available) had the lowest overall mean rating (2.149).

In addition to the above criteria that seemed to be problematic for a large number of classrooms, the following criteria were not met or only partially met by 40-45% of the classroom:

- Interactions Among Staff and Children
  - A - 9 encourage pro-social behavior (43.0%)
  - A - 10 expectations developmentally appropriate (40.1%)

- o Curriculum
  - B - 4e balance of child initiated/staff initiated activities (40.6%)
  - B - 7a foster positive self-concept (40.6%)
  - B - 7b develop social skill (41.4%)
  - B - 7d encourage language development (44.1%)
  - B - 7g encourage creative expression (40.5%)
  - B - 8 provide materials and time for children to select their own activities during the day (44.1%)
  - B - 11 routine tasks handled in relaxed and individual manner (42.3%)

- o Physical Environment
  - G - 4 variety of age appropriate materials and equipment available indoors and outdoors (41.9%)
  - G - 9 sound absorbing materials used to cut down noise (42.3%)

- o Health and Safety
  - H - 18b electrical outlets covered with protective caps (41.8%)

- o Nutrition and Food Service
  - I - 3 foods indicative of children's cultural background served periodically (53.4%)

B. Administrative Reports

Data from the Administrative Report for 61 centers were collected and analyzed. The ratings of the centers were based on the team interview of the

director, review of written documents and observations of the facility. Forty-six (46) out of 96 administrative criteria were rated in the following clusters:

Curriculum (N = 7)

Staff Qualifications and Development (N = 8)

Administration (N = 7)

Physical Environment (N = 2)

Health and Safety (N = 18)

Nutrition and Food Service (N = 4)

Other criteria included on the Administrative Report which required responses from parents or staff were analyzed separately.

Overall, the range of center scores on the administrative criteria was between 1.88 - 3.00, with a mean of 2.77 for all centers. Five centers received an overall 3.00 rating and another 18 centers received a 2.90, or better, rating. Only one center received a rating of less than 2.0 and four centers received a rating between 2.0 - 2.50.

Overall, centers scored lowest on those criteria related to staff qualifications (2.53) and highest on physical environment (2.84) and health and safety (2.82). The mean scores and range of scores on the individual clusters are included in the table below.

Mean Administrative Scores on Clusters of Criteria

| Cluster | Mean | Range Low | | High |
|---|---|---|---|---|
| Curriculum | 2.73 | 1.00 | - | 3.00 |
| Staff Qualifications | 2.53 | 1.40 | - | 3.00 |
| Administration | | | | |
| Physical Environment | 2.84 | 1.00 | - | 3.00 |
| Health and Safety | 2.82 | 2.00 | - | 3.00 |
| Nutrition and Food Service | | | | |

A number of centers rated high (2.90 or better) on individual clusters of criteria with some centers rating a perfect score of 3.00 (see Table below).

High Center Ratings on Clusters of Administrative Criteria*

| Cluster | # Centers Rated 3.00 | Percent of all Center | # Centers Rated 2.90+ | Percent of all Centers |
|---|---|---|---|---|
| Curriculum | 31 | 50.8% | 0 | 0% |
| Staff Qualifi-cations | 17 | 27.9% | 0 | 0% |
| Administration | | | | |
| Physical Environment | 50 | 82.0% | 0 | 0% |
| Health and Safety | 15 | 24.6% | 10 | 16.4% |
| Nutrition and Food Service | | | | |

*Based on director interview, review of documents and observation of facility.

On the other end of the Continuum, several centers rated below 2.5 on individual clusters of criteria.

Low Center Ratings on Clusters of Administrative Criteria*

| Cluster | # Centers Rated Between 2.00 - 2.50 | Percent of All Centers | # Centers Rated Below 2.00 | Percent of all Centers |
|---|---|---|---|---|
| Curriculum | 8 | 13.1% | 4 | 6.6% |
| Staff Qualifications | 16 | 26.2% | 8 | 13.1% |
| Administration | | | | |
| Physical Environment | 10 | 16.4% | 1 | 1.6% |
| Health and Safety | 3 | 4.9% | 0 | 0% |
| Nutrition and Food Services | | | | |

*Based on director interview, review of documents and observation of facility

As would be expected, centers scored high on those individual criteria that relate closely to state licensing requirements (e.g., staff health records, non-discriminatory hiring practices, attendance records, proper storage of food, written policies on administration of medications, nutritional meal, emergency procedures). Lowest rated criteria related to staff training plans, availability of an educational director, sufficient numbers of teachers with at least a credential or AA degree in early childhood.

Criteria with the highest mean rating (2.90+) across all 61 centers (except where noted)

E - 5a Attendance records are kept (3.00)

H - 1 Center is licensed (3.00)

I - 4 Food properly stored (3.00) (17 centers)

D - 1a Staff 18 years of age or older

E - 3b Non-discriminatory hiring practices

E - 6b Records of board meetings (29 centers)

H - 2a Staff health records

H - 2b Probationary period for new staff

H - 18b Electrical outlets capped (44 centers)

H - 20b Medication administered only on written order (49 centers)

H - 21b Posted emergency procedures

I - 1 Meals meet nutritional needs

I - 5 Food preparation in compliance (59 centers)

Criteria with the lowest mean rating (below 2.50) across all 61 centers.

D - 1c Early Childhood Associate teachers and Early Childhood teachers who are responsible for the care and education of a group of children have at least a CDA credential or AA degree in Early Childhood (2.11)

D - 1e Staff training plan (2.38)

D - 2b Qualifications of educational director (with BA degree and 3 years teaching experience or graduate degree in Early Childhood Education/Child Development employed to direct educational program) (2.33)

H - 20a Chemicals and potentially dangerous products stored in original labeled containers in locked cabinets inaccessible to children (2.50)

The criterion, "Staff working with school age children have training in child development, recreation or related field "was rated only slightly above 2.50 (2.52)

C. Staff Ratings

Two-hundred and fourteen (214) staff from 34 centers responded to a questionnaire about their perceptions of their center's program and administration. Each respondent was asked to rate his/her center on 44 criteria. Not all respondents rated all criteria. An average of 42.7 criteria were rated by all respondents.

Staff from 11 centers felt that more than 90% of the administrative criteria were fully met in their centers. Staff from another seven centers felt tnat their centers fully met at least 80-90% of the criteria. At the other end of the continuum, staff from four centers indicated that their centers met less than half of the criteria (i.e. 50.5%, 49.6%, 33.7% and 21.6%). Over all centers responding, it appeared that an average of 85% of the criteria were fully met.

Centers rated lowest on specific criteria related to staffing ratios and staff-parent interactions. The following criteria were the most problematic, according to staff.

B - 2 Staff plan learning activities for children based on assessment of individual needs and interests (73.8%)

C - 3 Staff and parents communicate about home and center childrearing practices to minimize conflicts for children (70.7%)

C - 5a A system established for sharing day-to-day happenings that affect children (73.2%)

F - 2b Substitutes provided to maintain staff-child ratios when regular staff are absent (63.4%)

H - 22a Staff familiar with emergency procedures (73.2%)

J - 2 At least once a year staff, other professionals and parents are involved in evaluating the program's effectiveness in meeting the needs of children and parents (38%)

D. Parent Ratings

One thousand and sixteen (1,016) parents from 32 centers responded to a questionnaire regarding their perception of their centers. Parents from 18 centers indicated that their centers met more than 90% of the criteria related

to staff-parent interaction and program evaluation. Parents from another 10 centers indicated that their centers met 80-90% of the criteria. Parents from 4 centers indicated that their centers met 70-80% of the criteria.

The following criteria were the most problematic according to the parents who responded to the questionnaire. Some of the criteria which parents indicated were not fully met were the same criteria staff indicated were not met.

- Center gives information about attendance of sick children
- Center gives information about meals and snacks given to children
- Teachers and parents talk about how the family and center handle different aspects of childrearing
- Center informs parents of day-to-day happenings that affect children
- Parents are informed about injuries and any changes in children's health or eating habits that teachers notice
- At least once a year parents are asked to evaluate how well the program is meeting their child's needs.

E. Team Ratings

During the assessment of a center, each team member rated the classrooms independently. Those ratings were then compared to determine how frequently team members agreed on a rating and to determine if they agreed more or less frequently the longer they worked together.

Each team was responsible for rating seven to nine centers. Their rate of agreement/disagreement for the first four centers they assessed (Time One) was compared with their rate of agreement/disagreement for the fifth through ninth assessments (Time two)

The average rate of agreement across all eight teams during Time One was 86.5%. The percent of times they agreed declined to 80.9% during Time Two.

The ratings of criteria on which the teams agreed 90% or more of the time related to physical environment (G) and health and safety (H).

G - 1b Enough usable space for outdoor play

G - 5 Individual space provided for each child's belongings

G - 9b Outdoor area protected from access to streets

H - 7 Children under adult supervision at all times

H - 12 Children dressed appropriately for active play indoors and outdoors

H - 13b Toileting and diapering areas sanitary

H - 14b Sink with hot and cold water near toileting area

H - 15a Building, play yard, equipment maintained in good repair

H - 17a Toilets, drinking water, handwashing facilities accessible to children

H - 17b Soap, disposable towels provided (Highest rate of agreement, 97.7%)

H - 20 Chemicals, dangerous products labeled and in locked cabinets inaccessible to children.

The following criteria had the lowest percent of agreement (below 80%). Most of these criteria were related to interactions among staff and children (A) and curriculum (B). The teams also had a low percent of agreement on a few criteria in physical environment.

A - 3b Staff talk with individual children, encourage use of language

A - 6a Staff use positive approaches to help children behave constructively

A - 8b Staff help children deal with anger, sadness, frustration

A - 9 Staff encourage pro-social behaviors in children

A - 10 Staff expectations of children's social behavior developmentally appropriate

A - 11 Children encouraged to talk about feelings

B - 4c Daily schedule provides balance of individual/small group/large group

B - 4e Daily schedule provides balance of child initiated/staff initiated

B - 5a Multiracial, nonsexist, non-stereotyping materials available (lowest rate of agreement, 69.8%)

B - 7c Encourage children to think, reason, question

B - 7d Encourage language development

B - 7g Encourage creative expression

B - 7h Respect cultural diversity

B - 8 Staff provide materials, time for children to select own activities

B - 9 Staff conduct smooth and unregimented transitions between activities

B - 11 Routine tasks handled in a relaxed, individual manner

G - 2 Space arranged to accommodate children individually in small and large groups

G - 3 Space arranged to facilitate variety of activities

G - 4 Variety of age-appropriate materials and equipment available

G - 6 Private areas for children available

G - 7 Environment includes soft elements

H - 18b Electrical outlets covered with protective caps

F. Individual Center Ratings

Ratings of each individual center on classroom observations, administrative reports, and staff and parent questionnaires were compiled and made available to the center director and her funding agency (e.g. County Department of Human Services, United Way Services). Because those ratings are confidential, they are not reported in this document.

G. Self-Study

The results of this process were difficult to document. During the assessment phase, assessment teams found that centers were at various stages in "self-study":

- There were centers which had acquired the self-study materials prior to the beginning of QEP and had begun "self-study".

- o Other centers applied for their materials, received them but did not begin to use them right away, therefore the outcome of their self-assessment was not available to compare with the team's assessment results.

- o Other centers indicated an interest in "self-study" but never applied for the materials.

- o Other centers stated that they had no intention of participating in "self-study" (in spite of this position, some of these centers called CDCPP to get more information on the process).

Ultimately several centers completed the self-study and subsequently were accredited by the Academy.

H. Discussion

Efforts were made to analyze the data to answer those research questions about the relationship between program quality and program characteristics. Such characteristics as number and type of income sources, Title XX reimbursement rates, ages of children served, teacher/child ratios, staff qualifications, training and experience, center size and years of operation were hypothesized to have an impact on the qualify of care provided in a center.

As is indicated in a later section of this report (Project Evaluation), OEP participants had concerns about some aspects of the assessment process. Subsequently, those concerns were addressed by changes in the assessment forms and procedures.

It is in the context of these concerns that relationships between the quality of programs in the project and their characteristics are cautiously discussed. Only classroom observation scores were used in correlational analyses.

- o Funding Subsidy and Quality

  Some of the 65 centers received Title XX only and some centers received Title XX in combination with funds from United Way Services, church and/or other sources (e.g., agency, college). A few participating centers did not receive any Title XX funds. There was no control for parent fees nor the amount of subsidy in this analysis.

  There appeared to be a very low correlation between Title XX funding only and high quality. While there was a slight positive correlation between the combination of Title XX and UWS funding and high quality, the strongest correlation was between Title XX and church support and high quality.

- o Age of Children Served and Quality

  The analyses were complicated by the fact that most centers serve a range of ages of children.

  There appeared to be a positive correlation between services to preschoolers and high quality and a negative correlation between services to toddlers and schoolagers and high quality.

- o Teacher Education and Experience and Quality

  As would be suspected, it appeared that the more education teachers in a center had, the higher the quality.

  As for teacher aides, it appeared that the more experience the aides had, the higher the quality.

The tenuous nature of these trends suggests that future studies of relationships need to be carefully designed and implemented in light of improved quality assessment procedures.

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## DEVELOPMENT OF WORK PLANS

### A. Purpose

The second phase of the project concentrated on the development of work plans for each center. The purpose of the work plan was to summarize results of the assessment and to provide guidelines for program improvement in centers. The development of the plan was a collaborative effort between the assessment team and the director. Evaluation of the work plan would allow the director and the county monitor opportunities to review progress and make necessary revisions in an on-going manner.

### B. Forms

The work plan document was comprised of two parts (see Appendix for sample form). The first was a two-page observation summary. The second was the actual plan for improvement. On the first page of the summary, basic information was entered. This included center's name, director's name, team members' names and date. The remainder of the page was headed "Areas Met." Criteria which fit into this category were listed on this page. The second page of the summary was headed "Areas Partially Met or Not Met". Criteria which fit these categories were listed and comments were made at the bottom. A column on the side of this page was used for prioritizing areas of concern.

The form for the actual plan of improvement was divided into five columns labeled:

- Anticipated Outcome
- Action Steps

- o Timeline
- o Potential Resources/Costs
- o Evaluation

C. Process of Development

Upon completion of a center assessment, each team met to discuss and summarize its observations. In the discussion, team members considered any patterns that seemed to emerge from the classroom observations and the administrative report. They were able to distinguish whether primary areas of concern existed in separate classrooms, in the majority of classrooms or in the administrative areas of the program. Team members completed an Observation Summary for each center they assessed. A summary of "areas met" in each cluster of criteria was outlined. The same was done for "areas partially met or not met". It was suggested by team members that the outline be referenced with criteria letter/number codes.

Next, team members made appointments to meet with the director. The purpose of the meeting was to provide feedback on the assessment visit through a review of the Observation Summary and to develop a work plan. At this time, directors were encouraged to share the results of their own self study. If the self study was not done, directors were encouraged to share their informal observations about their programs. This process was developed to promote cooperation between the assessment team and the center director as plans for improvement were developed. It was also meant to serve as a model which could be replicated by the director as she met with her own staff to develop individual plans of improvement.

Team members followed the steps outlined below.

1. Prioritize Areas of Concern

As team members and the director discussed their observations, revisions to the "areas of concern" were made if necessary. They mutually agreed upon which areas would take priority. Areas listed on the observation summary were then numbered in the designated column to show priority.

2. Determine Anticipated Outcomes

Stated objectives indicating what would be accomplished were written for each area of concern beginning with those having top priority. Statements were written in specific measurable terms. For example, an anticipated outcome for physical environment might be stated as follows: "(G-2,3,4,6) all classroom teachers will modify classroom space to accommodate groups, provide for a variety of groups, ensure accessibility of materials, and ensure private areas by (date)."

3. Plan Action Steps

Appropriate strategies indicating how centers would reach their objectives were discussed with the Director. Strategies could be very diverse and could include any of the following examples:

a. Consultation: Center uses services of a consultant to provide professional advice to an individual or group.

b. Workshops: A single session or a series of sessions focussing specific topics relating to children, families or programs.

c. College courses.

d. Other strategies such as team teaching, teacher exchanges, center visitation, peer review, staff meetings, use of checklists, etc.

4. Establish Timeline

Determination of when action steps were to be scheduled took into consideration the priorities previously stated and realistic probabilities for completion and success. The work plan was to include both short-term and long-term time frames.

5. Identify Potential Resources/Costs

Persons/agencies who could provide or be responsible for a particular activity were listed in the appropriate column. In addition, costs were included to outline how much would be needed to complete the activities. It should be noted that not all activities required funds and that often the best resource persons for change were those already working in the center. Team members used the Child Day Care Planning Project Directory of Resources for Staff Development and Training as a reference as well as other information they had on hand.

6. Evaluate the Plan

There was recognition that changes may be needed in the work plan as centers worked on program improvements. The evaluation column enabled directors and monitors to evaluate progress and make necessary revisions.

D. Summary of Results

Fifty-eight(58) work plans were completed. Of the remaining seven centers, one did not participate in assessment due to the closing of the center, four did not complete the assessment phase and two had observation summaries completed but did not follow through on completing the work plan.

The most common areas of need identified in the work plans included:

Child Development:

1. Areas of development e.g., language, physical, social development.

2. Specific age groupings, i.e., toddler, school age.

Curriculum

1. Improving curriculum, e.g., schedule, balance of activities, room arrangement and classroom management.

2. Implementing curriculum, e.g., outdoor play, cultural activities, music/movement activities.

Guidance of Children

1. Helping children deal with anger and frustration.

2. Using positive discipline techniques and assessing children's needs.

E. Assessment of the Use of Work Plans

Information regarding the development and use of the plans was available from team members and the County Department of Human Services supervisory/administrative staff. The following reflect some of the experiences which pointed to the strengths and limitations of the process.

- o Generally, directors were open to a discussion of the observation summary sheets.

- o Though various teams took different approaches to preparing the observation summary and work plan, most directors actively participated in the process.

- o At times, head teachers were available to work with the director in developing the plan.

- o The time lapse between the assessment and the meeting for review of the observation summary and development of work plan was much too long. In many cases, changes had occurred in centers (i.e. staff changes) making some points of the discussion obsolete.

- Most work plans included action steps for changes that could take place in the short term. Few plans included strategies for the long term. The omission of the latter left parts of the assessment unaddressed and did not provide the center with a comprehensive understanding of changes that were needed.

- As work plans were used as a monitoring tool, it became clear that the more specific the objectives were, the easier it was to evaluate progress.

F. Recommendations

In response to some of the concerns, modifications were made to the work plan format. The Observation Summary was integrated into the work plan itself to encourage discussion of action steps in every cluster of criteria. In addition, the procedure for developing the work plan was refined and clarified. The steps were developed as follows:

- Prior to the work plan visit, team members will complete the observation summary section of the work plan, listing all areas of strength and all areas of concern.

- The observation summary will be copied and forwarded to the director prior to the work plan visit. (The work plan visit will previously be arranged to take place within a week of the assessment).

- At the time of the work plan visit, team members should reiterate the purpose of the work plan and, together with the director, develop the anticipated outcome, action steps, and timelines of the plan.

- Team members should assist director, if necessary, in identifying appropriate resources for meeting outcomes.

- County monitors should use the work plan as a guide for monitoring visits. Team members should observe, discuss with director and check progress noted on the evaluation section of the plan.

# STAFF DEVELOPMENT

## A. Rationale

Following the development of center work plans by directors and assessment team members, the Project focused on staff development activities. One of its major goals was to upgrade and maintain quality child care by assisting providers in setting and meeting their program improvement and staff development goals. The significance of this goal was underscored by research findings in other child care center settings.

Research indicates that staff trained in early childhood is one important indicator of child care quality. Howes (1986) provides a summary of center-based research as follows:

- More child-related training was associated with social stimulation and responsibility in center and family settings and with less negative affect and restrictions in centers (Howes, 1983).

- Caregivers with more years of formal education engaged in more social interaction and cognitive/language stimulation and had lower ratings of child apathy and potential danger in the center (Ruopp, Travers, Glantz and Coelen, 1979).

- Caregivers with at least two years of college were higher in use of encouragement, teacher direction and development of verbal skills. They were lower in restriction than caregivers with less education (Berk, 1985).

- Child cognitive competence was related to center caregiver's training and knowledge of child development (Clarke-Stewart and Gruber, 1984).

B. Training/Staff Development Questionnaire

A Training/Staff Development Questionnaire was distributed early in the project (see Appendix). The initial intent of the questionnaire was to obtain information regarding the actual status of training/staff development activities within centers. The questionnaire was designed to collect information relating to:

- provision of training/staff development in each center
- type of training utilized (e.g., workshops, formal staff meetings, use of consultants)
- listing of current training resources
- description of activities during the previous year (e.g. location, frequency of activities, time, cost, topics covered)
- perceived barriers and preferences to the access of training

Two-hundred eighteen (218) individual questionnaires, representing 32 centers, were completed and returned.

The return of questionnaires was a slow process due in part to the complexity of its design. Many respondents had difficulty completing sections of the form. The sections most often completed and of most use were the listing of current training resources and the perceived barriers and preferences.

The overall findings regarding the perceived barriers and preferences to training follow. Most frequently noted barriers were:

Scheduled time of day (41 respondents): Many respondents indicated that when training took place in the mornings, it was difficult to arrange for coverage of the classroom. In addition, nap time was a problem for some because of the limited time frame available, which made participants feel rushed.

Location (40 respondents): Having transportation to and from the workshops, parking difficulties, and time lost in travel were most frequently expressed.

Cost (38 respondents): Comments included a desire on the part of staff to attend training, but low wages and limited training funds in the center's budget prohibited participation. Cost for college courses was too high for some staff.

Topics (27 respondents): A frequent response indicated that topics of workshops were often repetitive from year to year. The topics offered little variety and were of little relevance to the teacher's groups of children or their day to day responsibilities.

There was not clear consensus among the respondents. Preferences varied from center to center. General preferences included:

Scheduled time of day: Many suggested late afternoon, evening or Saturday training. Nap time continued to be a possible time for others.

Location: On-site training and location close to sites were most desired. Problems with transportation, parking difficulties, time lost in travel were most frequently expressed.

Cost: Staff from those centers that absorb partial or full cost were more likely not to see this as a problem. Others commented that their salaries were too low, money should be available to subsidize training and to provide funds for substitutes.

Topics: Suggested topics included those relating to infant/toddler/school-age care, administration and others pertinent to individual interests.

Use of the Questionnaire:

The use of the questionnaire was two-fold. One was to assist directors by providing information which would be useful as they plan to meet training needs of their own center staff. These overall findings and individual center findings were compiled and forwarded to those centers responding to the survey.

The second use of the questionnaire was the collection of data for planning the Project's response to training needs. The information obtained from the centers helped formulate basic concepts used as guideposts for this phase of the project.

The basic concepts were:

- Staff development and training activities are most effective when they meet the needs of individual staff.

- Staff development and training activities will vary depending on the staff's level of professional growth.

- To plan effective staff development and training activities a host of factors must be considered (e.g., level of development, experience, knowledge, skills, and learning styles of participants; types of activities and methods of presentation by providers of training; availability and cost of activities).

These concepts were supported by literature in the field and through discussions with teacher educators in local colleges and universities. The ideas were presented to a Project work group of early childhood professionals. While many agreed that the basic concepts had validity, there was not a consensus that developing and providing training for separate levels of teaching staff were desirable or feasible. Various questions were considered, such as: Could the levels of teaching staff be determined? Who would determine the levels? Would categorizing teachers into levels reduce the number of

participants in workshops? Would providers of training plan workshops based on levels? There were no conclusive answers.

C. Resource Booklets for Staff Development and Training

A second outcome of the Training/Staff Development Questionnaire was the collection of current training resources used by centers within the previous year. The results indicated that while there were key agencies/organizations being used by centers, there were lesser known ones and a variety of individual consultants being used.

Since staff development and training were viewed as essential requirements to upgrading and maintaining quality child care, two resource booklets were developed. The purpose of the booklets were:

- to determine resources available to the early childhood community
- to provide specific information about the currently existing resources in order to facilitate linkage to training
- to build an awareness of critical considerations in planning effective staff development and training activities.

The first booklet, Directory of Resources for Staff Development and Training, contained information relating to 25 non-profit organizations that provided training and other staff development activities to support the early childhood community. Consideration was given to including individual consultants and trainers in the booklet. Due to time limitations and an understanding that a

listing of individuals could be developed and obtained through a local agency, it was decided that the booklet be limited to non-profit agencies.

The contents of the booklet included:

- o general descriptions of the organizations
- o a cross-reference chart to assist the user in locating organizations by general topic area
- o descriptions of staff development activities regularly available within the community
- o basic facts about state licensing training requirements
- o other training/staff development resources available within the community
- o a selected bibliography
- o a step by step checklist for planning/arranging training.

A second booklet was developed to assist administrators in their unique roles as managers of child care. The Administrative Supplement was divided into three sections. They were:

- o an outline of topics within areas of organizational management

- a directory of 28 local organizations providing administrative resources
- additional information including other resources
- a selected bibliography.

A number of agencies/organizations included in this booklet were from the business sector. While this group of resources had not previously been accessed by the early childhood community, many expressed a desire to link with day care directors and to provide services that would be useful to them.

The booklets served as a base of knowledge about resources within the community. In order to make the booklet useful over a period of time, dates of specific workshops were intentionally excluded. The booklets ideally should be complemented with some on-going method for notifying the community about scheduled events. In addition, since agencies/organizations may change, the information may be time-limited and will need periodic updates.

Approximately 265 booklets were distributed. Both booklets were distributed to the 65 participating centers in the project, supervisors of home day care providers, the assessment teams made up of early childhood consultants and County monitors, organizations included in the booklets and other interested persons. The booklets were advertised in the newsletter of the Cleveland Association for the Education of Young Children and were sold at nominal costs of $4.50 and $2.50 respectively.

D. Staff Development Fund

Lack of financial resources was identified by center staff as a barrier to accessing training. To respond to that need, the Project established a Staff Development Fund. Its purpose was:

- To foster the participation of staff in activities that would improve and enhance the quality of child care.
- To provide limited financial assistance to child care centers to engage in staff development activities.
- To supplement funds centers have allocated in their budgets for training and consultation.
- To determine the feasibility and usefulness of a community fund.

The following staff development activities and services were supported by the fund: consultation, training, undergraduate early childhood education college courses, professional memberships, Child Development Associate Credential fee, and substitutes for teachers while in training sessions. (Fund policies, procedures and sample forms are included in the Appendix.)

Although the fund was set up to support the above activities, there was no documentation available in the community that indicated the level of staff/center need for financial assistance. Efforts were made by the CDCPP staff to gather some documentation; for example, CDCPP surveyed directors regarding their use of substitute teachers.

Although CDCPP and assessment teams undertook many efforts to inform the center directors about the available staff development funds and to encourage them to apply for such funds, the response was disappointing. The following list indicates the number of centers which applied for funds in each category.

Individual training (5)
Substitutes (7)
Consultation (2)
College Course Tuition (4)
Training on Center Site (7)
Memberships in Professional Organizations (2)
Self-Study Application Fee (7)
Child Development Associate Fee (1)

E. Survey on Substitute Teachers

A survey of approximately 300 directors of day care centers, nursery schools and Headstart programs was conducted in March, 1987 to determine their needs for substitute teachers. Thirty-seven questionnaires were completed and returned. Their responses provided some insights into how programs recruit, use and finance substitutes as well as what characteristics and training directors expect substitutes to have. The following points summarize the responses.

Use of Substitutes

- When do you use substitutes?

  As would be expected, programs use substitutes when regular teachers or assistants are out sick, vacationing, participating in training, staff meetings, on leave or have personal business to take care of. Substitutes are used to maintain staff/child ratios if regular staff

are out or if the number of children in a class increases. In one case, when the local university is not in session, substitutes take the place of university students who are usually teacher assistants. Some programs never use substitutes.

o If you do not use substitutes, how do you cover your program during regular staff absences?

Most of the respondents indicated that they use existing staff to cover for absent staff by increasing the hours of part-time staff or using staff who work a different schedule. Directors, secretaries, cooks, supervisors, head teachers, and extra aides from other classrooms are used to fill in. In cooperative nursery schools, mothers fill in for teachers. One program indicated that it splits a class with other classes that are not full. Another program has an assistant director who substitutes for teachers.

o How frequently do you use substitutes?

The frequency of use of substitutes varies from program to program. Larger programs, understandably, use more substitutes than smaller programs. The range of use is from as little as three substitutes per year to as many as 15 substitutes on one day. The majority of programs seem to use substitutes two-four times per month.

o In what capacity are substitutes used in your program?

Most programs seem to use substitutes as aides or assistants to teachers, although they are sometimes used to replace the teacher and take full responsibility for the classroom. Many directors pointed out that substitutes generally are not alone with the children (unless children are napping). One director noted that a substitute must be qualified for the position she is filling.

o In the last two years, how many substitutes have you hired for permanent staff positions?

Several programs indicated that no substitutes had been hired. In these cases, the substitutes were usually already permanent staff who had adjusted their schedules to fill temporary vacancies. Those directors who indicated substitutes had been hired, noted that as few as one and as many as ten had been hired in the two-year period. The average number was five.

Procedures

o How do you locate your substitutes?

Most substitutes are found by "word of mouth" and referrals from current staff members who have friends in the field. Many programs refer to existing lists when searching for substitutes. They may keep their own list of persons who have previously applied for full or part-time employment or use Center for Human Service's substitute

list. While some directors seek substitutes through ads in the newspaper or the professional organization's (Cleveland Association for the Education of Young Children) newsletter, most seem to prefer to hire, as substitutes, individuals with whom they are familiar (e.g., former work-study students, parents, current staff, former staff).

- Have you ever shared substitutes with another child care program?

Nineteen respondents indicated that they had never shared substitutes with other programs; eight indicated that they had. The only identified problem with this arrangement was the lack of availability of a substitute who was "shared".

How much notice do you usually receive from staff indicating that a substitute will be needed?

The amount of notice a director receives depends on the reason for the staff's absence. All respondents indicated that they are notified weeks or months in advance if staff are to be absent for vacations but notified only a few hours in advance for absences due to illnesses or emergencies.

Expectations for Substitutes

- What do you look for in a substitute?

Most respondents indicated that they look for the same qualifications/characteristics in substitutes that they look for in their permanent staff. Characteristics mentioned most frequently were: work well with children, understands developmental needs of children, flexible , adaptable, mature, experienced, dependable, meets state licensing requirements, available, loving, caring, cooperative, able to handle curriculum and the day's activities. Other characteristics mentioned were: cheerful personality, enthusiastic, patient, kind, sincere, honest, willingness to be involved with the children, responsible, competent, well trained in first aid and early childhood and child development, good health, located in close proximity to school, quick learner, follows directions, motivated.

o How do you screen applicants for substitute jobs?

Most directors indicated that they use the same screening techniques as they do for permanent staff. The most frequently mentioned techniques were: interviews, reference checks, and applications on file. Many noted that they want an opportunity to observe a potential substitute "in action" before actually hiring him/her. This is accomplished by having the individual volunteer in a classroom first or using the person as an assistant before asking them to substitute in a teacher's place. One director mentioned that she requires a medical check.

o Do the substitutes you use meet your expectations? If not, why not?

Most of the respondents indicated "yes". If a person does not work out on the first substitute job, that person is not usually asked to work again. The reason given most often for substitutes not meeting expectations is that they are not available to work as frequently or for as many hours as the program needs them. Substitutes need more early childhood training.

Training

- In what areas would you like substitutes to be competent?

  The majority of respondents indicated that substitutes should be competent in working with children and organizing activities and should know child growth and development. Other areas of competence mentioned were: communication/interaction with other staff and parents and provision of a safe environment for children.

- What kind of training/experience would you like for substitutes to have prior to coming into your program?

  Directors indicated that substitutes should have experience in working with young children and training in early childhood. Several directors mentioned training in "discipline" specifically.

- Would you like the substitutes you use to be trained in working with handicapped/special needs children?

Fourteen directors responded "no" and 13 responded "yes". Five directors indicated that this question was "not applicable".

- Would you like to be guaranteed the availability of well-trained substitutes?

  Thirty-three directors responded "yes" and only one responded "no".

- If well-trained substitutes were available, would you use them?

  Thirty-four directors responded "yes" and only one responded "no.

Financing for Substitutes

- How much do you pay your substitutes on the average per hour?

  The range of pay is $3.35 - $7.50/hr. with an average (across all respondents) of $4.26/hr.

- Do you have differential rates of pay for different categories of substitutes (e.g., teacher, head teacher, aides)? If yes, explain.

  Twenty directors indicated that they did not have differential rates of pay while 15 indicated that they did. Generally the pay rate depended on the position being filled by the substitute. A small number of directors indicated that a substitute's educational training and experience were taken into account in setting the rates.

- Where do you get your funds to cover substitute costs?

  All directors who indicated that they pay substitutes, noted that those costs were planned for and included in their budgets. Sources of income were parent fees, Title XX funds, fundraising events, etc.

- Would you be willing to contribute financial support for the development and maintenance of a substitute pool?

  Thirteen directors responded "no", four responded "yes" and twelve responded "possibly".

Other Comments

While some directors thought a substitute pool was a good idea, they indicated that they would be unable to contribute because of lack of funds. Others said their participation would depend on the amount they would be expected to contribute, who would coordinate this activity, how substitutes could be distributed equitably to programs, and how well trained the substitutes would be. One director indicated that she felt it was better for a program to have its own substitutes (either other staff or parents) because they would know the program and the children.

F. Center Staff Training

In response to a variety of circumstances and needs, the project provided and/or sponsored different training related activities. In some cases staff were provided information about training and in other cases the Project organized and provided training. The new state licensing requirements were a catalyst for some activities.

Directors' Meetings:

The Project was committed to keeping center directors informed and to working cooperatively with them. In addition to numerous letters or memos, meetings for directors were held at different points in the project.

Five meetings were held during September-October, 1985 to familiarize the 45 directors in attendance with the project. The agenda of the meetings included:

- an overview of the Child Day Care Planning Project
- a description of the Quality Enhancement Project
- a focus on the assessment process
- a question and answer period
- distribution of a Capital Needs Survey.

Packets of information were sent to the remaining 20 directors.

Other small group sessions were organized to give directors an opportunity to informally dialog with Project staff. One such session with directors was

held at Euclid Avenue Day Care Center in April, 1986. The purpose of the meeting was to discuss the progress of the project. Another informal talk session about the progress of the project occurred in June, 1986.

Six meetings were held to orient directors about the next phases of the project during August-September, 1986. The agenda included:

- o review of the assessment phase of the project
- o steps to be taken in developing work plans for each of the centers
- o discussion of staff development and training issues
- o request for input regarding the Staff Development Fund policies.

Packets of information were developed and distributed.

Collaborative Training Efforts:

The Project sought to initiate and spur collaborative training efforts within the community. It was believed that the benefits to centers would be the provision of low-cost training to meet the varied needs of individuals as they attempt to improve center quality and meet licensing requirements.

"Child Abuse Recognition and Prevention" Workshop

The first opportunity to be involved in a collaborative effort came in response to centers' immediate need to comply with a new state licensing requirement. A March 1st deadline for center staff to obtain training in Child Abuse Recognition and Prevention was fast approaching. As the Project began

work to organize such training, the Title XX Day Care Providers' Coalition contacted CDCPP to inquire of our interest in co-sponsoring such training. The Project agreed to mail flyers to centers that were not a member of the Coalition and to pay the cost for participants from those centers. As a result of these collaborative efforts, 186 participants obtained Child Abuse Recognition and Prevention training on February 6, 1987.

"Business of Day Care" Management Workshop

It became clear during the process of assessment and the collection of information on training resources, that administrators of centers had unique and varied roles which necessitated a wide-range of support. The Council of Smaller Enterprises (COSE) and the Cuyahoga County Department of Development were interested in providing information and assistance to directors. Together with the Child Day Care Planning Project, a half-day management workshop was provided at very minimal costs on May 29, 1987.

The presenters of the workshop had a range of expertise. They included representatives from Cuyahoga County Commissioners, COSE, and the Cuyahoga County Department of Development, a bank loan officer and directors of two day care organizations. Mary O. Boyle, County Commissioner, welcomed participants and stressed that day care centers were small businesses of vital importance to the economic health of the community.

Topics included cash flow projection, billing and collection, personnel issues, recordkeeping, resources for management assistance. Fifty-five persons attended the meeting and gave favorable evaluations. The majority of participants felt the workshop was helpful. The topics of recordkeeping,

cash flow, bookkeeping, and funding were of most interest. These topics, as well as personnel issues, were suggested for future training.

Summer Training:

As the Project neared its conclusion, a number of workshops were organized to assist staff members in meeting state licensing requirements and/or personal needs. This effort was organized for various reasons. The first was in response to another deadline previously set by the new state licensing requirements. All teachers who did not have an associate degree or other qualifying credentials would need, at a minimum, 15 hours of training by September 1st. Based on discussions with directors, and information from a Training Needs Survey (see Coordination of Training Section), it appeared that, in spite of the fact that center staff were told of the requirement some nine months before, there were still teachers who would need to receive training to meet the 15-hour minimum. Other reasons for planning summer training were to utilize monies that were set aside in the Staff Development Fund and to document collaborative efforts which would enable numbers of child care staff to receive quality, cost effective training.

The scope of summer training consisted of the following topics:

Licensing Requirements

- First Aid
  - 6 hour course
  - renewal course
- Childhood Illness/ Communicable Disease
  - 6 hour course
  - renewal course
- Child Abuse Prevention/ Recognition

Other Topics

- Developmentally Appropriate Practice
  - infant/toddler 6 hours
  - pre-schooler 6 hours
  - schoolager 6 hours
- Working with parents
  - Basic communication 3 hours
  - Facilitating Home/Center Relations 3 hours
  - Involving Parents in Fund Raising 3 hours
  - Rap Session 3 hours
- Special Topics
  - Health and Nutrition 3 hours
  - Guiding Children 3 hours
  - Assessing and Planning for Individual Needs of Children 3 hours

The training was a collaborative effort among 15 representatives of various community agencies/programs. Twenty-three sessions were originally scheduled, plus a wide choice of workshop dates for First Aid and Childhood Illness/Communicable Disease training.

Outcome:

There were various obstacles to the success of the summer training. The first was the limited time period in planning, coordinating and notifying centers of the forthcoming workshops. The time span from when it was first determined what the scope of training would entail to when the centers were informed of workshop dates and times was four weeks. Arranging training during summer months when most centers experience a decrease in staff due to vacations or due to staff turnover caused concern. However, since one goal was to provide training by the September 1st deadline, it was decided that the Project should

proceed with plans. As the summer progressed, it became clear that the time of day coupled with a lack of substitutes caused another obstacle in spite of the availability of substitute funds. Six workshops were cancelled due to the limited response. Regardless of these obstacles, however, there were 161 participants in the summer training, with a majority attending state licensing required training.

Evaluations were very favorable. Sample comments relating to training on specified topics follow.

Re: Helping Children Who Misbehave

- I get a better understanding about working with the age group (2 - 2 1/2 to 3 years) I am working with daily.

- It gives me specific ideas about how I can handle problems with behavior.

There were no suggestions made for improvement

Re: Developmentally Appropriate Practice

- Workshop included things that I never knew about development.

- I am interested in a support group about infants and toddlers.

- Helpful handouts, nice format, lecture and discussion.

- I got some good curriculum ideas.

- I learned some important things about three and four year olds.

- Instructors were experienced and informed.

Suggestions:

- To talk more about choices of curriculum

- To conduct a needs/assessment questionnaire prior to training to make sessions more relevant and of more practical use to those being trained.

Re: Working with Parents

- Reminded me to always use a positive approach.

- I learned how to communicate more properly with parents.

- There was open communication and many ideas.

- Many suggestions and relevant examples were given and explained.

- I got fresh ideas and new approaches to fundraising.

- I learned different ways to involve parents in fund raisers.

There were no suggestions made for improvement.

Re: Special Needs of Children

- I learned more about handicapped children.
- I learned how to prepare myself, other children and other parents.
- Helpful in evaluating special needs.

There were no suggestions made for improvements.

G. County Monitor Training

In addition to staff development and training for directors and center staff members, training was provided to Cuyahoga County Department of Human Services day care monitoring staff in September, 1987.

Four sessions were held for the purpose of:

- o reviewing assessment forms and procedures,
- o examining the development and use of the work plans,
- o reviewing the criteria for assessment, and
- o discussing/clarifying the role of the evaluator/negotiator.

These sessions were planned in order to finalize the procedures for an on-going system of assessment/monitoring, and to provide a forum to discuss views, concerns, and skills required by monitors for the job.

Eleven staff participated in the sessions. Their evaluations indicated that the sessions were of value. Comments included:

- The training helped me think about the issues involved, to review the criteria, to clarify my role, and to increase my communication skills.

- I found this training helpful regarding my role as a monitor, understanding how to handle problem situations and interviewing techniques for development of workplans.

- Increased knowledge in the area of day care, along with increased insights of the directors' expectations and needs.

- It was valuable getting a better handle on what it is we need to do and how to do the work plan.

In addition, the majority of the staff felt having on-going access to an early childhood consultant would be helpful and beneficial.

## COORDINATION OF TRAINING

### A. Issues

As the project progressed, key issues relating to training needed to be considered. The vehicle for examination of these issues was the Quality Enhancement Project (QEP) Center Work Group. The QEP Work Group was originally initiated to develop implementation strategies of the project. As the assessments of centers began, County monitors and early childhood consultants gave most of the input to the project. Consequently, the original QEP group met only sporadically. In October, 1986 the Project sought to reactivate the QEP Work Group and expand its members to include a broader range of participants. Membership totaled approximately 40 professionals, including center directors, early childhood consultants, county staff and community training providers.

Key issues that the group would examine were identified. They focused on how to:

Maintain and update information about resources

Develop an on-going mechanism for identifying resources

Examine training needs and compare to existing resources

Examine whether training meets the needs of individuals

Develop a mechanism for linking child care providers to appropriate training

Provide incentives to promote staff development

Coordinate the access of training

Determine training gaps and areas of duplication of training

Develop a viable approach to coordination/collaboration among training providers

In their first meeting in December, 1986, participants brainstormed suggestions for addressing the training-related issues. The suggestions included the establishment of various initiatives. Following is the list that was developed.

Clearinghouse

Trainer's Forum

Coalition of trainers and day care center directors

Network of centers not affiliated with a larger organization

Newsletter; Quarterly Publication

Scholarship monies for training

Examination of the roles of County and Licensing Departments

Technical assistance to centers for the purpose of coordinating work plans with meeting requirements of the County and licensing and with seeking accreditation.

Group buying of training/consultation

Adopt-A-Center by consultants or retired individuals

Center Exchange

Directors' Group

Training Fair

As discussions continued in subsequent meetings, the group began to examine how strategies could be implemented and discussed cooperative and collaborative efforts among agencies.

B. Collaboration Concepts

In a meeting in February 1987, the Work Group reviewed key points concerning cooperation and collaboration among agencies. The material used to stimulate the discussion was taken from an article by Johnson, McLaughlin, & Christensen (1982) and is outlined below.

Incentives to Establishing Collaborative Efforts

Economic pressures.
Need to reduce/eliminate duplication of services.
Ability to respond to the needs of the target population receiving services.
Development of improved services.

Barriers to Collaborative Efforts

Lack of communication.
Lack of time.
Lack of incentives for agencies to participate.
Uncertainty of end product.
Lack of experience in the process.
Absence of procedures.
Difficulty in defining decision-making rules.
Lack of organizational structure to bring agencies together.
Competitiveness among agencies.
Fragmented fiscal support for interagency efforts.
Awkwardness in communication.

In addition, the work of Shirley Hord (1986) was used as a basis for the group's discussion on the differences between "cooperation" and "collaboration" in terms of the beginning steps, communication, resources/ownership, requirements/characteristics, leadership/control and rewards.

Members commenting on the two processes identified some aspects of the training coordination project as cooperative efforts and others as collaborative efforts. The work group itself was seen as a cooperative group seeking ways to collaborate.

In the following meeting in March, 1987 basic reasons for cooperating and collaborating were reviewed. These included:

1. fragmentation of services (individuals "falling between cracks" and not receiving services)

2. overlap of services ("duplication")

3. decreased funding base ("shrinking dollars")

A diagram outlining the process for inter-agency planning was distributed. Basis steps included:

1. Establishing the need for cooperation/collaboration and determining the population to be served.

2. Establishing the data base by identifying and defining agencies, programs and individuals who serve the centers.

3. Identifying planning targets by comparing agencies, programs, and individuals to determine gaps, overlaps, constraints of service.

4. Establishing inter-agency provisions by developing and implementing agreements that include:

- clear statements of purpose
- delineation of services
- fiscal responsibility
- designation of role
- administrative procedures
- evaluation plan

In accordance with the outline of inter-agency planning presented, each committee member described the services they provide and/or outlined their view of the needs within the early childhood community. This provided a base of knowledge for future plans.

As the months passed, the group focused their attention on three key issues in which to work in a cooperative/collaborative way. The issues dealt with:

1. Coordination of training
2. Communication about training
3. Search for funds.

C. Specific Coordination of Training Activities

QEP Work Group members recognized the critical need for training. In order to help centers with very limited dollars in their training budget, it was suggested that center exchanges or a coalition of groups provide and give training in the short-term to those needing it. Another suggestion was to

utilize staff development funds to develop a training package that could be offered to centers.

Over a period of time, it was decided that a training survey should be taken to examine the specific needs of the centers. A sub-committee of members met to develop the survey and to determine how it would be conducted.

Surveys of training needs were distributed to directors on May 29, 1987 at the Management Assistance Workshop. Returns were requested by June 4, 1987. Follow-up calls were made to centers on June 8, 9, and 10, 1987. Surveys from 30 centers representing 180 individuals were received. Findings included:

Most convenient time: T/W/Th afternoons

Most convenient location: Downtown, followed by East Cleveland and Lee/Harvard areas

# centers offering accommodations: 22

TRAINING NEEDS

| Licensing Required: | # Desiring Training |
|---|---|
| 6 hrs. Child Abuse Prevention/Recognition | 33 |
| 6 hrs. First Aid | 23 |
| 6 hrs. Communicable Disease | 17 |
| First Aid Renewal | 52 |
| Communicable Disease | 43 |
| **Other Areas:** | |
| Child Development | 59 |
| Program Activities | 87 |
| Physical Space | 37 |
| Guidance/Discipline | 88 |
| Health/Safety | 60 |
| Nutrition | 55 |
| Working with Parents | 120 |
| Administration | 25 |
| Other categories | 31 |

Results of the survey were reported to the QEP Work Group on June 11, 1987 at which time the scope of the summer training was determined (see Staff Development section).

The Training Systems Coordinator began meeting immediately with representatives of various agencies/programs. There were fifteen that eventually agreed to participate. They were:

The American Red Cross
Bellflower Center for Prevention of Child Abuse
Center for Human Services
Child Guidance
Cleveland Center for Research in Child Development
Council for Economic Opportunities
Cuyahoga Community College
Cuyahoga County Cooperative Extension Service
Cuyahoga County Department of Human Services
Cuyahoga Special Education Service Center
Dairy and Nutrition Council
Early Childhood Enrichment Program
Family Health Association
Jewish Children's Bureau/Jewish Day Nursery
Society for Crippled Children

Each representative was provided with an overview of the CDCPP Quality Enhancement Project and the following outline of steps being taken to support centers in planning and accessing training:

- o the center assessments and development of individual center work plans
- o the compilation and distribution of resource booklets
- o the establishment of the staff development fund which supported
  - consultation
  - training
  - undergraduate ECED College Courses
  - professional memberships
  - Child Development Associate (CDA) credential fee
  - substitutes for teachers while in training
- o summer training to meet
  - licensing requirements
  - center and personal training needs
- o ways to support communication and access to training
- o search for funds

A number of steps were required to finalize the plans. Training agreements with each representative were developed. Included in the agreement was:

- the training to be provided including the date, time and location.
- the rate of pay including preparation time, presentation and transportation costs.

In some cases, additional meetings were needed to further organize training content when agencies/programs had agreed to collaborate in their presentation. Finally, completion of In-Service Training Forms as prescribed by the Ohio Department of Human Services needed to be organized for distribution at the training sessions.

Though the coordinating efforts were very time consuming, the results were a highly cooperative effort among individuals. Representatives of agencies/programs expressed enjoyment in participating in such a project. The process for accepting the ideas which support collaboration, however, took an extraordinary amount of time. Months of discussion were required for individuals to recognize some of the benefits.

It was recommended that there be:

- Continued use of a coordinator to organize participants and oversee training.
- On-going means for conducting a training survey of needs
- Establishment of realistic time frames for planning similar efforts.

D. Communication About Training

There were two components to the discussions regarding communication about training. One component dealt with the development of a network. The other component dealt with distribution/publication of training information.

A sub-committee of the QEP Work Group met to clarify the purpose of a network and to examine ways it could be developed. At their meeting they focused on addressing two objectives.

1. to provide a forum for support/discussion of issues common to directors.

2. to enable directors and trainers to exchange information relating to training needs and training resources

It was recommended that quarterly meetings be scheduled, two of which would be for directors and trainers and two would be for directors only. In addition, smaller support groups should be established in areas of the city that do not provide this resource.

A meeting for directors and trainers to have a "Trainers Fair" was tentatively scheduled for September, 1987. But due to summer training this never took place.

The network was not initiated due to time constraints within the Project. However, members of the QEP Work Group, who had been instrumental in establishing support groups for other directors agreed to serve as consultants for any directors wishing to establish a satellite group of directors. Flyers seeking interest from directors were distributed.

The idea of a clearinghouse for training information was discussed throughout the Project. Specific suggestions for developing such a service included:

- establishing a training information line
- publishing a calendar of training events
- utilizing a tape recording or a computer-based phone system to share information
- linking into a computerized message network called Free-Net.

Two organizations began discussions of ways they could collaborate to provide a clearinghouse service. Considerations regarding time, location, cost were determined and forwarded to the Child Day Care Planning Project with a proposal for funding. In addition, another group of members inquired about the Free-Net System.

E. Search for Funds

Identification of possible sources of funding was discussed by a sub-committee of the QEP Work Group. It was felt that statistics on summer training and the collaborative efforts among trainers might build a case for the need for continued funding of training efforts. Though funds for day care staff were limited, it was felt that integrating sources might provide individuals with monies to continue training.

The Sub-committee investigated the following funding sources:

- Title XX
- Job Training Partnership Act (JTPA)
- Child Development Associates
- Ohio Association for the Education of Young Children (OAEYC Child Development Associates Scholarships
- High Scope Training
- Ohio Department of Education - Vocational Education
- Youth Opportunities Unlimited
- Head Start
- Foundation/Corporations

## PROJECT EVALUATION

Assessment team members, as well as day care center directors, had an opportunity to evaluate specific aspects of the Quality Enhancement Project.

### A. Directors' Evaluation

Sixty-five day care center directors who participated in the Quality Enhancement Project were invited to evaluate it. Thirty-six directors responded and evaluated six aspects of the Project. The following chart summarizes the results of the evaluations.

CE2/JJ

EVALUATION RESULTS

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| **Assessment Process** | | | | | | |
| 1. The assessment criteria were appropriate for determining the quality of my program. | 5.5% | 2.7% | 11.1% | 52.7% | 25% | |
| 2. I understood the assessment process used by the monitor/early childhood specialist team. | 2.7% | | 16.6% | 55.5% | 22.2% | |
| 3. Staff responses on the questionnaires helped me to assess the quality of my program. | 2.7% | 2.7% | 11.1% | 63.8% | 19.4% | |
| 4. Parent responses on the questionnaires helped me to assess the quality of my program. | | 2.7% | 27.7% | 44.4% | 22.2% | |
| 5. It was useful to have both an early childhood specialist and a county monitor conduct the assessment in my center. | 2.7% | 11.1% | 16.6% | 47.2% | 22.2% | |
| **Work Plan** | | | | | | |
| 1. The Work Plan clearly defined what changes were needed in my center. | 5.5% | 5.5% | 11.1% | 61.1% | 16.6% | |
| 2. The Work Plan was an accurate profile of my center. | 8.3% | 19.4% | 19.4% | 41.6% | 11.1% | |
| 3. The Work Plan was useful for my staff in making improvements in the program | 2.7% | 8.3% | 5.5% | 66.6% | 13.8% | |
| 4. As director, I had input in developing the Work Plan. | 2.7% | 2.7% | 11.1% | 58.3% | 19.4% | 2.7% |
| 5. My staff has input in developing the Work Plan | 2.7% | 11.1% | 22.2% | 44.4% | 11.1% | 5.5% |

EVALUATION RESULTS (Continued)

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| **Staff Development Fund** | | | | | | |
| 1. The Staff Development Fund was useful for my staff. | 5.5% | 5.5% | 22.2% | 30.5% | 2.7% | 27.7% |
| 2. The policies and procedures for use of the Fund were understandable. | 5.5% | 13.8% | 33.3% | 36.1% | 2.7% | 13.8% |
| 3. The following staff development activities supported by the Fund were appropriate. | | | | | | |
| Consultation | | 2.7% | 8.3% | 25.0% | 13.8% | 19.4% |
| Training | | 2.7% | 11.1% | 33.3% | 8.3% | 22.2% |
| College Courses | | 2.7% | 8.3% | 25.0% | 8.3% | 22.2% |
| Professional Memberships | | 2.7% | 8.3% | 19.4% | 11.1% | 22.2% |
| Child Development Associate Credential Fee | | 2.7% | 8.3% | 25.0% | 11.1% | 22.2% |
| Substitutes | | 2.7% | 11.1% | 25.0% | 8.3% | 22.2% |
| 4. I felt comfortable in asking CDCPP staff for help in completing the application forms. | 8.3% | 2.7% | 16.6% | 36.1% | 8.3% | 16.6% |
| 5. CDCPP staff responded promptly to my request for funds. | 5.5% | 8.3% | 11.1% | 19.4% | 8.3% | 33.3% |
| 6. CDCPP staff was sensitive to my individual center needs. | 11.1% | 5.5% | 11.1% | 25.0% | 2.7% | 22.2% |
| 7. If a similar fund were available in the future, I would use the fund. | 5.5% | | | 47.2% | 33.3% | 8.3% |
| 8. I was well informed about the availability of the fund. | 5.5% | 2.7% | 11.1% | 47.2% | 16.6% | 5.5% |

9. I used the fund. 9 Yes 21 No 6 No Answer

CE2/JJ

EVALUATION RESULTS (Continued)

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| **Training** | | | | | | |
| 1. If offered again, my staff would participate in training similar to the training offered by CDCPP in the Summer, 1987. | 5.5% | | 2.7% | 38.8% | 33.3% | 2.7% |
| 2. Enough training was set up by CDCPP in the summer to meet my center's needs. | 8.3% | 13.8% | 16.6% | 30.5% | 5.5% | 13.8% |
| 3. The workshop topics were the ones my staff needed. | 2.7% | | 13.8% | 50.0% | 16.6% | 8.3% |
| 4. The time of the training was convenient for my staff. | 2.7% | 11.1% | 13.8% | 36.1% | 11.1% | 11.1% |
| 5. Funds available for substitutes enabled my staff to participate in training. | 2.7% | 5.5% | 16.6% | 16.6% | 5.5% | 25.0% |
| 6. The workshop on fiscal management was valuable. | 2.7% | 2.7% | 22.2% | 22.2% | 16.6% | 13.8% |
| 7. The CDCPP sponsored training helped my staff meet licensing requirements. | 5.5% | 2.7% | 25.0% | 27.7% | 5.5% | 13.8% |
| **Training Resources** | | | | | | |
| 1. The Resource Directory was helpful to me in finding appropriate training. | 2.7% | 5.5% | 13.8% | 33.3% | 5.5% | 16.6% |
| 2. The Resource Director was easy to use. | 2.7% | 5.5% | 13.8% | 33.3% | 5.5% | 13.8% |
| **National Accreditation** | | | | | | |
| 1. This Quality Enhancement Project encouraged me to seek national accreditation. | 5.5% | | 22.2% | 22.2% | 11.1% | 19.4% |
| 2. This project helped me become more aware of the criteria for high quality programs. | 5.5% | | 13.8% | 44.4% | 25.0% | 2.7% |

In addition, directors added the following comments to their evaluation of the QEP.

ASSESSMENT PROCESS

- I was hired as director of my child care program in July, 1986 after most of these procedures were completed.
- The County Monitor did not know too much about early childhood education.
- The Parent Questionnaire really only reflects the parents' understanding of policies.
- The County Monitor is a nice person but had little to offer in the assessment process. I think it was helpful to him to be there.
- I feel all monitors need to be early childhood specialists. Lord knows there are enough 'under-employed' of them available.
- Their visits and communication with my Center were so few and far between that I didn't feel the program was very useful.
- Second team was well qualified.
- Yes, I was helped by having my Center monitored.
- Criteria were focused on an academic base more so than an entrepreneurial format.

- Staff responses were too varied to assess.

- Parent responses assisted me in recognizing the difficulty.

- It was fortunate that there was cohesiveness between the monitor and the early childhood specialist.

WORK PLAN

- My staff was strengthened from the Work Plan.

- The Work Plan was developed at a meeting without any staff present. It was helpful, but when we went through the accreditation process later we found even more things that needed improvement.

- The County Monitor felt I did not have enough pictures of varying races in all classrooms, even after I explained we rotate pictures often in each classroom for interest. On that particular day we did not have those pictures up, but, holiday pictures. He wrote that into my work plan, which I felt was insignificant and he made a big deal about it. Here again, an E.C.E. expert would understand how day care's run.

- The Work Plan helped us in making the changes which were unnoticed otherwise. I was pleased with this process.

- After a couple of visits we were left "hanging". The team never came back to pick up papers they had dropped off.

- I wish some areas had been stressed more affirmatively.

STAFF DEVELOPMENT FUND

- Most of my staff have AA or BS degrees. Staff development money not really needed.
- It was helpful.
- Although I did not request funds, this was a marvelous idea.
- Although funding was available, CDCPP felt United Way should assist in funding the day care.
- There was more paper to fill out and records to keep which were very time consuming.
- Excellent use of funding.
- I applied for use of the fund but never heard any more.

TRAINING

- My staff is off during the summer. I would need workshops during the school year especially child abuse, first aid, and communicable disease.

- My Center had a session of training in child development.
- More inservice training classes needed-ODHS's training classes are expensive - averaging $20.00 per person.
- Evenings and/or weekends are easier than daytime for workshops.
- N/A.Training available through C.H.S.
- We didn't use the substitute funds.
- Most of my staff take their vacation in the summer and were not able to take advantage of it. All-year free staff training would be helpful, especially considering high staff turnover. It is expensive to train people who ultimately move on. Much energy is expended by directors to ensure their staff is trained.
- Unaware of the program on fiscal management.

TRAINING RESOURCES

- Will need for future use; a helpful tool when needed.
- My daughter used it; She is not with me; I will be doing this.
- Directory did not include independent child care consultants.

- I really never used the Directory; no reflection on the Directory, I just didn't.

- The County should provide an impartial E.C.E. consultant (not the Monitor) full-time to give Directors advice concerning training availability, advice on work plans, etc.

NATIONAL ACCREDITATION

- I would be more inclined to seek accreditation if it would supersede the county monitoring.

GENERAL COMMENTS

- This program has proven encouraging and helpful.

- The Child Day Care Planning Project is needed.

- Now that I know what the County wants I will work toward it.

- I enjoyed the meetings.

- Evaluation of centers was very helpful in improvement of centers' programs.

- My participation was small but I feel the project was and is a step in the right direction in upgrading and uniformity.

- We would have sought accreditation anyway; but the QEP was helpful.

- What a job! We commend CDCPP staff and everyone who worked on the project.

- Centers need more funds to continue operating with quality staff and quality program. There is also too much paper work involved.

- Be sure to use same monitors through the evaluation process for continuity. So much time is wasted reiterating previous work. Good rapport is essential between monitor and director.

B. Assessment Team Evaluation

Each early childhood specialist and monitor who participated in the QEP was asked to identify advantages and disadvantages of each aspect of the project. Following are their comments:

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| TEAM MEETINGS | Nice to meet county people. Chance to hear other's concerns. Some help in getting an overall philosophy (at least describing the issues) | Were unfocused at times; sometimes lacked direction; could be tighter. |
| | Learn from others. Update material | At times they were too long. Same topic resurfaced too often |
| | Explaining situations | Tedious - sometimes confusing. |
| | Make sure process is done right | Discussion did not always lead to clear answers. Confusion allowed to remain. |
| | Information-discussion clarifies written information. Communication with others. Opportunity to ask questions. | Scheduled center visits conflicted with a couple meetings |
| | To be updated about progress-team experiences | |
| | Opportunity to gather information and share experiences | |
| | Share ideas. Get a broader perspective. Sets direction | |
| | Useful to share ideas and experiences and to clarify problems | |
| | Very important | |
| | Joint information received; sharing of ideas and perspectives | |
| | Exchange techniques and ideas. Clarify problem areas. Work on forms | |
| | Relate information. Allow for a unified decision and clarification | |
| | We saw the larger picture of our efforts | |
| | Necessary but time consuming due to group size | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| TEAM/CENTER COMMUNICATION | Informative feedback from directors | Takes Time |
| | Team able to critique more effectively after consultation. Able to understand director/center objectives | When a center rejects or has ill feelings about team/project, center should be given to special team |
| | Friendlier feelings | Some directors needed much more communication, even training sessions in order to understand the process |
| | Helped to establish rapport with director | Up tight feelings of some directors. Some defensiveness |
| | To keep providers informed of progress | Some miscommunication existed regarding purpose and required action |
| | Became acquainted with center needs, concerns | Downtown location, rather than closer to our office |
| | Keep current with progress. Open lines of communication | |
| | Essential - most effective when face-to-face | |
| | Review process findings; answer questions | |
| | Keep center current as to status; answer questions; bring forth new ideas | |
| | Phone communication was very good | |
| | Absolute necessity | |
| | Unable to comment | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| WORKING IN TEAMS | Good to share the load. Interesting to get to know county staff | Opinions do vary |
| | Learn from consultants. Share experience | Time consuming if differences in ratings are to be discussed adequately; pressure of time forced short-cuts on this |
| | Helpful in getting two separate opinions | One consultant should not have to work in two teams |
| | Better to have more than one opinion. Learned a lot | Scheduling time |
| | Interesting. As a consultant I felt the link with the county staff essential if there is to be follow-up | Getting coordinated with two people |
| | A way to bring different viewpoints into the project | |
| | Excellent! I learned a lot about safety, rules and regulations, etc. | |
| | Learn from each other | |
| | - tremendous for learning!<br>- increased confidence<br>- two heads better than one | |
| | Very good | |
| | Adds more credibility to process; affords a different perspective-assists learning | |
| | Sharing viewpoints. Exchanging ideas. Confirmation of findings | |
| | Dealt with my biased opinions. New understanding | |
| | A "pros" view of the study and what to look for | |
| | Loved it! | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| ASSIGNMENT OF CENTERS TO TEAMS | OK (3 responses) | Some centers need more attention; thus consultants with more background should be sent to those |
| | Mixture of good and bad | |
| | Unbiased-picked at random | Had eight more centers than originally planned |
| | Nice to see other centers | |
| | A chance to evaluate other programs | |
| | Centers seem to be fairly distributed | |
| | Like plan of East and West Side Centers | |
| | Good planning | |
| | Good plan | |
| | Unbiased opinions | |
| | Give better outlook | |
| | Total unbiased opinions | |
| | Satisfied in our assignment | |
| | No problem | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| WRITTEN INSTRUCTIONS FOR TEAMS | Very comprehensive | We learned better from experience - our mistakes |
| | Keep informed | Too much at times |
| | Very informative | So much it's been hard to organize and assimilate |
| | Don't have to keep | Sometimes paper load becomes overbearing |
| | Essential for orderly procedures | There was a need for more clarity at times (written directions) |
| | Eliminates much misinterpretation; avoids only "spoken" recommendations | Too much!! |
| | Serves as guidelines. Provide team continuity and consistency | Not always followed by the team(s) |
| | Provided reference from discussion | Too many; too confusing at times |
| | Important | Needed to be more consolidated |
| | Less chance of misinterpretation | |
| | A process to follow | |
| | Keep center current as to status; answer questions; bring forth new ideas | |
| | Helpful in pointing out the objective of the study | |
| | The team plan was most helpful in being objective | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| TIMELINE | Work gets done | Should be more precise - to the date and time |
| | Gave individuals an opportunity to set some realistic guidelines to complete tasks | More time was needed than originally projected |
| | Provides a target date | Could flow faster |
| | Gives some structure to process | Need more time to study each classroom and teacher. Maybe 2 separate visits |
| | Important | |
| | Keeps everyone on target for completion | Unrealistic. Would have been much better if work plan conference could have been a month or six weeks after observation |
| | Something to strive for | |
| | Pace process | |
| | Helped to keep me motivated | Was at times difficult to meet |
| | | No way to monitor process on our part |
| | | Difficult to keep based upon the center's cooperation |
| | | Not always reasonable considering other duties |
| | | Team(s) didn't always adhere. |
| | | Not always possible |
| | | Rushed; information possibly not computed properly |
| | | Team person had other commitments. Conflicted with negotiation tasks |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| PILOT STUDY | Good to practice; good to have centers that were the extremes. We learned instructions best from experience | Two pilots would have been better |
| | Training - Experience - Feel for consultant | Results were not shared with entire staff |
| | Helped us to deal with what to expect - good training | Needed additional information on the process |
| | Got to know project | Slow returning results to centers |
| | Very helpful getting our feet wet - a dry run which helped us see what we needed to study, ask question, etc., before proceeding | |
| | A chance to become familiar with the project | |
| | Extremely helpful but needed to follow thru entire process to get a clearer feel for the overall procedure | |
| | Trying out - first helps to smooth out the rough edges | |
| | Very needed - good experience | |
| | Necessary to work out the kinks | |
| | Understand the process | |
| | The scope of the program was presented | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| ASSESSMENT FORMS | National standard comprehensive | Not sure I feel these are exactly appropriate for this kind of project - too time consuming |
| | Very helpful | Need to condense criteria-if possible |
| | Classroom observation forms good | Need more on transportation |
| | Great! Good to use a national set of standards | Administrative form too long and complex for this study. I felt our assessment was pretty superficial. |
| | Helps one to focus in. | Should have had a scale of 1 to 4 instead of 1 to 3 |
| | Good detail - gives framework for observation | Additional areas could be incorporated which would take into consideration County requirements. |
| | Compile findings | Too much paper |
| | Very good in areas to look for | Needs revision |
| | Excellent | Much of physical environment assessment is repetitive-could have been done once for the center |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| ASSESSMENT PROCESS | Criteria were direct and covered a center's entire program satisfactorily | Very time consuming, expensive, covered more than really needed |
| | Worked well in most cases - best in centers which had done some planning and circulation of materials prior to assessment. | Needed more time to observe each classroom and teacher |
| | Valuable | For the lower quality centers the process demanded quite a bit of time and effort for an already overworked director who usually saw little or nothing to be gained from it |
| | A great learning experience for me | At times was hard to see everything in each class in one hour |
| | Summarize findings | Too much time between evaluation and comments |
| | Allow for a total picture to come into focus | Would be better if self study was done before our evaluation |
| | Very satisfactory and clear | Scoring should be closely observed |
| | Excellent | Some directors became defensive |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| SELF-STUDY PROCESS | Would have been good if more had done this - only one of ours had | Very sophisticated process - did not apply to many centers |
| | Have not started | Many directors do not look at own facility objectively |
| | Lets director look over the Center objectively | Some centers not ready to deal with this at all |
| | Should be mandatory for provider | Many centers appeared hesitant |
| | Very good for centers that are ready for it; often directors and staff came to the same conclusions as our team | Slowness of the process<br>- Not successful on whole<br>- Difficult to get centers which are as heavily monitored and evaluated by outside agencies to see worth of indepth self-examination |
| | All centers should be encouraged to do this | Don't do them |
| | Helps centers to really look at where their programs are | Don't follow directions |
| | Good-needs improvement | Those who did not do the self-study had difficulty understanding the process or did not get support from staff or parents |
| | Excellent tool for centers | All centers said they would complete self-study but so many obstacles, i.e. owners, money |
| | Help center to understand own process and zero in better on own needs | |
| | Center becomes more involved | |
| | The directors who did it had no problems | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| WRITTEN MATERIALS FOR CENTERS | Very extensive | Wonder how much they read - just too much |
| | Informative | Too much. Tedious |
| | Very helpful to director to discover strengths and weaknesses | Should be more direct for director's understanding |
| | Helpful to providers | Too much; need training services to help them utilize the materials |
| | Helpful in keeping everyone informed | Cannot take place of face-to-face discussion<br>- not always read<br>- they lose them<br>- can be ignored |
| | Keep them informed | |
| | Needed to re-enforce verbal communication | |
| | Good for their review and understanding of process | More written communication needed |
| | Understand CDCPP | They lose them or don't read them |
| | Was kept as simple as possible | Directors may not read, keep, follow directions, understand, comprehend, or submit forms. |
| | | Didn't see all of it - specifically application forms for dollars |
| | | I did not see any of this material |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| WORK PLAN FORMS | OK | Very tedious for staff |
| | Have not started | Observation data form and administrative information should have been on separate forms |
| | Helpful to director and center | |
| | Very helpful | Should have been shared, early in the assessment process |
| | Very good | |
| | To be able to organize, summarize assessment information. | Some directors wanted some time to review our assessment results and their thoughts. |
| | Very helpful in terms of "separating out" valid information | |
| | Served as a framework | |
| | Good - useful | |
| | Spell out areas which require work | |
| | A plan to outline, summarize findings | |
| | Formulates all other paperwork to one line of thought | |
| | Simple, clear and to the point | |
| | Excellent | |

| AREA | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| WORK PLAN PROCESS | Hard for centers to imagine what help they could use | Need more money so can plan in-depth |
| | Have not started | Must be followed up with three and six month evaluations if it is to really help the centers that need help |
| | Helpful | |
| | Excellent. Even some centers which have directors who had been rather negative about assessment bought into the work plan process | Some centers were slow in returning forms which slowed down the process. Some centers had to have their information tallied by us. Turnover in center made work-plan out dated |
| | A way to communicate ideas to providers | |
| | Afforded an opportunity to really focus on center needs | A lot of time to pull together |
| | Developed a picture for each center. Director's involvement in setting priorities and developing the work plan. | Observations were somewhat out of date, and therefore of limited value, especially in a center where staff had begun to make changes on own initiative. |
| | - Best part of whole QEP<br>- Directors mostly on target about needs<br>- Teams surprised by response | Very, very confusing - needs revision. Time frames(s) should be closely observed. |
| | Center understands strengths and weaknesses and solutions can be worked on | |
| | Center understands better overall ideas and needed quality objectives | |
| | Beneficial to me. My partner was most helpful | |
| | All centers appreciated specific feedback. | |

GENERAL

I think this whole process is too complex (and expensive). Wish we could have some basic standards that are met or not (clear, easily measured) and a way to cut off programs which do not meet them. Sound like licensing?

Most important thing for future:

- Follow-up on work plans with recognition for accomplishments.
- Required training and on-the-job consultation for directors in multi-problem centers.
- Interpretive session with County Commissioners - followed by a guided tour of a good center and a poor center.

The delay of centers doing the staff evaluations and parent evaluations should be avoided.

## ONGOING SYSTEM FOR QUALITY ENHANCEMENT

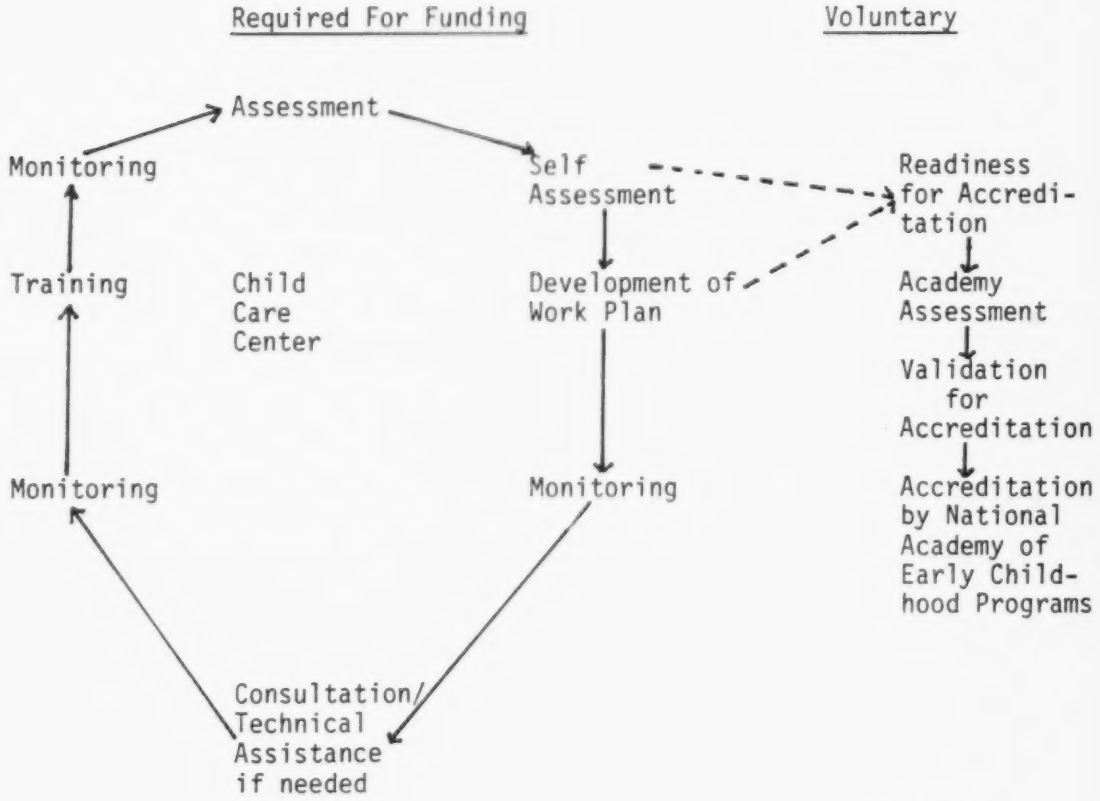
The long term goal of the QEP was to develop an ongoing quality assessment, monitoring and support system for funded day care centers. Thirteen early childhood specialists and monitors who participated in the QEP identified what they believed to be essential elements of an ongoing system. Their responses are noted on the following pages.

| ELEMENT | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Assessment | | | | | |
| o An assessment instrument | (10) | (3) | | | |
| o Systematic assessment/ reassessment process | ( 9) | (4) | | | |
| o Clear guidelines for assessment | ( 9) | (4) | | | |
| o Feedback system to center staff | ( 8) | (4) | (1) | | |
| o Process for center director input to assessment | ( 6) | (7) | | | |
| o Process for center staff input to assessment | ( 5) | (8) | | | |
| o Process for parent input to assessment | ( 4) | (7) | (2) | | |
| o Clear goals for individual center improvement | (10) | (2) | | | |
| Program Monitoring | | | | | |
| o Monitoring program improvement | ( 4) | (7) | (1) | | (1) |
| Training/Consultation | | | | | |
| o Consultation for centers | ( 6) | (7) | | | |
| o Training on different levels | ( 5) | (7) | (1) | | |
| o Training on a wide range of topics | ( 5) | (5) | (2) | | (1) |
| o Variety of training/staff development activities | ( 7) | (6) | | | |
| o Process for identifying available training/staff development resources | ( 4) | (8) | (1) | | |
| o Process for comparing training resources to staff needs | ( 6) | (6) | (1) | | |
| o Staff development activities for current monitors | ( 4) | (9) | | | |

| ELEMENT | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| o Orientation/staff development activities for new monitors | ( 8) | (5) | | | |
| o Training that focuses on program issues | ( 5) | (7) | | | |
| o Training that focuses on management issues | ( 6) | (7) | | | |
| o Training that focuses on supervision issues | ( 6) | (6) | (1) | | |
| o Assessment personnel trained in early childhood education | ( 6) | (7) | | | |
| Resources | | | | | |
| o Written materials for center staff | ( 4) | (6) | (3) | | |
| o Resource Directory | ( 6) | (7) | | | |
| o Staff Development Fund | ( 7) | (3) | (1) | (1) | |
| o Resource Center for staff | ( 6) | (6) | | (1) | |
| o Telephone "hotline" for staff | ( 6) | (3) | (2) | | (1) |
| o Community Equipment Fund | ( 6) | (4) | (1) | | |
| o Access by monitors to early childhood expertise | ( 6) | (6) | | | |
| o Peer support system (e.g., network of centers) | ( 6) | (5) | (2) | | |
| Community Standards | | | | | |
| o Minimum Standards | ( 5) | (3) | (1) | (1) | (2) |
| o Consumer awareness of criteria for high quality care | ( 7) | (4) | (1) | | |
| Other | | | | | |
| o Incentives for improvements | ( 3) | (5) | (2) | | (1) |
| o Recognition for center improvement | ( 5) | (4) | (1) | | (1) |

The basic elements of an ongoing system for quality enhancement are depicted in the diagram below. Although some programs may be required by their funders to participate in a quality enhancement process, those programs may also choose to participate in a voluntary process that leads toward accreditation by the National Academy of Early Childhood Programs. The two processes are complementary to one another.

QUALITY ENHANCEMENT PROCESS




To assist the Cuyahoga County Department of Human Services day care monitors in implementing the quality enhancement system, the CDCPP staff developed a

manual, Guidelines, Policies and Procedures for Program Monitoring and Contracting with Day Care Centers.

This manual outlines the following areas:

- Criteria for Determining Minimum Level of Quality of Care
- Procedures for Determining Center Compliance with Minimum Acceptable Score.
- Assessment/Monitoring Procedures
- Procedures for Entering into New contracts using Quality as one Criteria.
- Changing Requirements.

Changes in assessment procedures and forms which were made as a result of project evaluations were included in this manual.

In addition the appendices include sample assessment forms, materials on criteria for high quality early childhood programs, developmentally appropriate practices, National Academy of Early Childhood Program accreditation process and other useful resources.

This manual should enable the Cuyahoga County Department of Human Services Purchase of Services staff to consistently carry out their responsibilities in an on-going day care quality enhancement process.

# RECOMMENDATIONS

Based on the outcomes of the Quality Enhancement Project, the Child Day Care Planning Project developed the following recommendations for Cuyahoga County which, if implemented, should ensure ongoing improvement of the quality of care provided by funded day care centers. These recommendations were included in A Community Child Care Services and Funding Plan: Strategies for Expansion and Improvement.

GOAL I: To continue to improve the quality of care in centers.

RECOMMENDATIONS:

1. Funders should maintain a system for assessing the quality of care of centers.

   - o Each funder should use the Criteria for High Quality Program Assessment Instrument to evaluate its funded centers annually.

   - o Each funder should establish criteria for a minimum level of quality of care for its funded centers and develop policies regarding centers that do not meet the expectations.

2. Funders should provide incentives and assist programs to maintain quality and make improvements where necessary.

- o Each funded center, in conjunction with a Cuyahoga County Department of Human Services program monitor, should develop a work plan which will be used as a guide for funders for periodic monitoring of center improvement efforts.

- o A Quality Enhancement Fund should be jointly established by the funders to provide support to funded centers to make improvements.

- o The Project Committee should support staff development activities by providing funds for:

  - the training of managers and staff of funded centers to enable them to improve the quality of care they provide.

  - the development and implementation of a training resource and referral service in which information regarding available training resources is collected and disseminated.

- o The Project Committee should be supportive of the development and implementation of directors' networks which will facilitate center training and support in different regions of the county.

- o The Capital Loan/Grant Fund should be maintained with a portion of the funds allocated for use by child day care centers for physical improvements. Another portion of the funds should be set aside specifically for grants to centers for program equipment. CDCPP should provide technical assistance to those nonprofit centers which

are eligible for financial support from the Deferred Maintenance Program of Lutheran Metropolitan Housing.

- o UWS should set a goal of national accreditation for its funded centers within the next five years and should publicly acknowledge/recognize those centers which achieve accreditation.

- o The Project Committee should consider strategies to assist centers which do not receive community funding to improve the quality of their care.

- o Training institutions and agencies should expand their training options and provide high quality, low cost training to better meet the diverse needs of providers.

3. Funders should use quality assessment data for decision-making purposes.

- o Center program assessment data should be used by funders to make decisions regarding contracting with centers.

- o Funders should enter into new contracts with centers only after it has been determined that the centers meet the acceptable level of quality of care.

- o The decision-making process should incorporate day care center appeal procedures.

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# APPENDICES

A. How To Do The Self Study

B. Staff Development Policies And Procedures And Sample Forms

C. Observation Summary/Work Plan Form

D. Sample of Assessment Form (Revised)

E. Training/Staff Development Questionnaire

F. Training and Staff Development Areas

G. Criteria for High Quality Child Care and Implications for Identifying Areas of Need

H. A Two-Year Strategy for Developing and Implementing A Cuyahoga County Coordinated Day Care Training System

National Academy of Early Childhood Programs
A Division of the National Association for the Education of Young Children

# How to Do the Self-Study

**What is the self-study?**

The self-study is a comprehensive and internal evaluation of all aspects of the early childhood program.

**How is the self-study used?**

The self-study is used by center personnel to systematically evaluate their program and identify areas in need of improvement. After improvements are made, the results are reported to the National Academy of Early Childhood Programs for use in making accreditation decisions.

**What are the benefits of the self-study?**

Taking an honest look at the program as it operates today is the first step toward making the improvements you need. One way to take an honest look is through the self-study. The self-study helps center staff and administrators analyze the strengths and weaknesses of the program, focus attention on areas in need of improvement, and also congratulate themselves for achieving and maintaining those areas that are clearly strengths.

The self-study can have many benefits. The self-study process can be a unifying force for a staff. A "we're-all-in-this-together" feeling can result as long as the self-study process is applied to the roles and responsibilities of all staff members—including the director! Emphasizing the common goal of improving the quality of the program can create a feeling of professionalism among the staff that is very stimulating. Also, any improvements in operating procedures, although the changes take time and effort, undoubtedly will result in greater cost effectiveness and improved service for children and families.

There are two ways to look at the self-study. It is similar to making a videotape of all the things that happen in your center. It can be threatening. It can also be an exciting and revealing experience. Because it is a *self*-study, *you* are making the videotape and *you* are deciding who will see it. Focusing on the potential for staff development, personal and professional growth, and an improved program for children and families will help the director and staff view self-study as an opportunity.

**How should the self-study be conducted?**

The self-study will be done by a variety of programs serving different populations and having different funding sources. As a result, the way in which the self-study is conducted will vary. Some centers have a large staff and many children, while others may serve fewer than 20 children with a very small staff. This *Guide* describes the few steps required of all centers participating in the process. Centers can be as creative as possi-

ble in adding other dimensions. There is no one right way to do the self-study. However, there is a *wrong* way.

*What is the* wrong *way to conduct the self-study?* The director acts alone, telling staff what they must do.

Staff members simply check off that they meet the criteria without thoughtful consideration and critical self-examination.

Staff members receive only criticism for what they are doing wrong without acknowledgment for what they are doing well.

Parents are not consulted.

Children are not observed closely to learn what really happens.

The self-study is rushed without adequate time given to reflect on and make necessary improvements.

The process is threatening; staff become defensive; children sense the stress.

Now that you know the *wrong* way to do the self-study, try to think of all the ways to make the self-study a positive, growth-enhancing experience for staff, parents, and children.

**Who does the self-study?**

The self-study is designed to involve all participants in an early childhood program—the administrators, teachers, assistants, parents, and even the children themselves. The word *self* refers to each person's involvement in examining her or his own contribution to the program.

**What resources will be needed to conduct the self-study?**

The *Guide* is designed to be comprehensive. Multiple copies of the Observation form and questionnaires are sent with the *Guide*. Academy staff can be contacted on a toll-free telephone number for assistance.

**How long will it take?**

The self-study is designed to be self-directed. The time needed will vary but ordinarily the self-study is expected to take from two to four months. The length of time is determined by the center and the improvements the staff wish to make. Regardless of how much time the center takes to get ready, the information that is sent to the Academy in the Program Description must be current and should reflect the existing situation, not what it was when the self-study began nor what the staff plans to do in the future.

**What are the steps in the self-study?**

These steps need to take place during the self-study.

*Step 1—Introduce the concept to staff and parents.* The self-study process is initiated and controlled by the center director. Admittedly, the self-study involves a significant commitment of time and effort by the director. But it cannot be a solitary effort. For the self-study to be successful, it must involve all the people who are likely to be affected—the staff members and parents—as soon as possible. The initial presentation of the concept to the staff is particularly important. Whenever evaluation is implied, people can be threatened. Therefore, it is important for the director to let staff know immediately that they are doing a fine job. Having their center accredited will help them get recognition for the high qual-

ity program they provide. Of course, the self-study will also identify aspects of the program that they may wish to change or improve, but they will be active participants in the evaluation process.

*Step 2—Collect information about the program from various sources including at least*

(a) Observations of each classroom or specific group in the center. Each classroom should be observed and rated using the *Early Childhood Classroom Observation* by at least the lead teacher and the director.

(b) Evaluation of the administrative criteria by the director using the *Administrator Report* as a guide.

(c) Evaluation of the program by the staff using the *Staff Questionnaire* as a guide.

(d) Evaluation of the program by parents using the *Parent Questionnaire* as a guide.

Specific suggestions and directions for completing each of these parts of the self-study are presented in each section of the *Guide*.

*Step 3—Plan for improvement and make changes where needed.* If the self-study process is thorough, it will uncover both strengths and weaknesses of the program. Administrators and staff will identify aspects of the program where change is needed. It is likely that two different kinds of changes may be needed: (1) physical or technical changes, such as developing new procedures or rearranging classrooms, and (2) social or behavioral changes, such as developing better communication with parents, more cooperative staff relations, or more positive and supportive relations with children. In some situations, both kinds of changes are involved. For instance, clearly written program policies will facilitate parent communication to some extent, but they cannot replace personal contact.

Because it is often easier to make physical or technical changes, those changes could be made first. For example, it is relatively easy to rearrange materials and furniture or to write clear personnel policies. If the technical changes can be implemented successfully, a positive foundation for improvement will be established. Then the potentially more difficult social changes can be undertaken.

Making improvements in your program can be a challenging process. Here are some pointers to help you overcome the most common obstacles to change in early childhood programs.

■ Recognize that change is stressful.

Change can be a source of stress for people even when the change is a desirable one. But change is most stressful when the people involved do not control the change or do not participate in it. To minimize the stress, be sure to acknowledge the difficulties. Work together with the staff to establish priorities, suggest alternatives, try solutions, and agree on systems that work best in your program. Remember that for change to be

real and lasting, the people who are most affected by the change must participate in it.

■ Recognize which change requires resources, and use limited resources wisely and carefully.

Too often, early childhood program personnel say that they could provide a much better program if only they had more money. It is true that some change is financially impossible. For example, equipping a playground or expanding indoor space may be prohibitively expensive. However, many aspects of the program can be improved without additional expense. For instance, it does not cost more money to speak kindly to children and to treat them with respect than it does to be harsh and punitive. However, to bring about such change in staff behavior, some additional staff training may be needed, for which funds may be limited. Do not overlook the many effective, low-cost training strategies now available. Contact the Academy or the Child Care Information Service at NAEYC for inexpensive training resources related to the Criteria or for referral to resources available in your area.

■ Change the things you can.

There will be aspects of the program that are easy to improve and some aspects that are difficult to change. For example, keeping better records of staff training is relatively easy to do and does not cost money, but correcting a problem playground may involve additional funding that is not available. The important thing to remember is that the accreditation process does not require 100% compliance with all the Criteria. Also, you will have the opportunity to indicate how you meet the Criteria a different way. For instance, you may develop alternative plans to provide a good outdoor play experience for children. Many of the Criteria can be met in different ways.

■ Decide whether to seek accreditation.

Once you have made the improvements you wish to make and feel that you meet the Criteria as best you can, then you need to decide whether to go on and seek accreditation for the program. You are not committed to doing so and may decide that the self-study was sufficient to meet your personal goals for program evaluation and improvement. If you decide to seek accreditation, your next step is to use the information you learned during the self-study to prepare a written program description.

*Step 4—Prepare Program Description for use in validation and accreditation decision process.* After improvements are made, the results are reported to the Academy on the Program Description form. A sample copy of the Program Description appears in Section 7 of the *Guide*. A clean copy to complete and return to the Academy is sent with the *Guide*.

The Program Description form is designed to ensure uniformity in reporting and to facilitate use by validators and commissioners making accreditation decisions. The Program Description has three parts. Part 1 is the Center Profile that provides general information about how the pro-

gram is staffed and organized. Part 2 presents the center's compliance with the criteria that are observed using the Classroom Observation. Part 3 presents the center's compliance with the criteria that are assessed by the director. Some of these criteria are also assessed by the staff and/or parents on the questionnaires.

Specific directions for completing the Program Description appear in Section 7 of the *Guide*.

**Where do we begin?**

This *Guide* is designed to help you through the self-study and validation. As with anything new, it may seem complicated at first, but it will become clearer with experience. Familiarize yourself with the tasks before presenting the concepts to staff members. Break down each task into parts and establish dates to serve as goals for completing each step. The chart on pages 11 to 13 will help.

Remember that although the Academy requires certain steps in the self-study, you should not be limited by those requirements. Depending on the unique features of your program, you may want to introduce other elements such as participation by board members. The potential benefits of the self-study/accreditation process will be achieved only if each program individualizes the process to its own needs and strengths. Be as creative as you like in examining your program; and if something works particularly well, share your ideas with the Academy so that other directors may benefit.

Always keep sight of your goal—to provide the best quality program for young children and their families.

## *Task and Timeline Chart*

The purpose of this chart is to help program directors develop their own individualized plan for completing all the self-study tasks. Fill in the names of the people responsible for each task, and also identify dates to serve as goals for completing each task.

| TASK | PERSON(S) RESPONSIBLE | GOAL DATES |
|---|---|---|
| ***Orientation*** | | |
| 1. Review the *Guide* and instructions. | Director (or person responsible for coordinating the self-study). | |
| 2. Meet with staff to go over project and give instructions. | Director | |

| TASK | PERSON(S) RESPONSIBLE | GOAL DATES |
|---|---|---|
| ***Self-study and program improvement*** | | |
| 3. Observe and rate each classroom using Classroom Observation form. | Staff observe and rate their own classrooms. | _____ |
| 4. Observe and rate each classroom using Observation form. | _____ Director (or other appropriate person) observes and rates each classroom. | _____ |
| 5. Meet with individual staff to discuss results and plan for improvement. | _____ Director | _____ |
| 6. Evaluate program using Administrator Report and Center Profile. Collect information on Staff Qualifications to summarize on Center Profile. | _____ Director | _____ |
| 7. Staff evaluate program using Staff Questionnaire as a guide. (Use staff meetings, interviews, Staff Survey for discussion.) | _____ | _____ |
| 8. Evaluate criteria related to parents using Parent Questionnaire as a guide. (Use parent meetings, interviews, Parent Survey for discussion.) | _____ | _____ |
| 9. Other tasks you wish to add to study and improve your program: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| TASK | PERSON(S) RESPONSIBLE | GOAL DATES |
|---|---|---|

### *Program Description*

*If you choose to seek accreditation, the remaining tasks are part of collecting the current information that goes into the Program Description.*

| | | | |
|---|---|---|---|
| 10. | Meet with individual staff to decide on agreed-upon ratings on Observation form to be reported to Academy. | Director | |
| 11. | Tabulate results of classroom observations on summary sheet and compute average ratings. | Director | |
| 12. | Distribute Staff Questionnaire to staff. | Director | |
| 13. | Complete Staff Questionnaire. | Each staff member who works directly with children. | |
| 14. | Summarize results of Staff Questionnaire on summary sheet. | Director or staff member assigned to this task. | |
| 15. | Distribute Parent Questionnaire to parents. (Request return within three days or ask that the questionnaire be completed at the center.) | Staff members | |
| 16. | Remind parents to return questionnaire. (Post notice or send home reminder.) | Staff members | |
| 17. | Summarize results of Parent Questionnaire on summary sheet. | Director or parent or staff member assigned this task. | |
| 18. | Compile Program Description using Administrator Report and Center Profile and summary sheets of<br>(1) Classroom Observation<br>(2) Staff Questionnaire<br>(3) Parent Questionnaire<br>Mail to the Academy with validation fee in envelope provided. | Director | |

# CDCPP
# CHILD DAY CARE PLANNING PROJECT

1001 Huron Road
Cleveland, Ohio 44115
216-781-2944

## STAFF DEVELOPMENT FUND
## POLICIES AND PROCEDURES
## 1986-1987

Purpose

The Child Day Care Planning Project is initiating a Staff Development Fund

- To foster the participation of staff in activities that will improve and enhance the quality of child care.
- To provide limited financial assistance to child care centers to engage in staff development activities.
- To supplement funds centers have allocated in their budgets for training and consultation.
- To determine the feasibility and usefulness of a community fund.

POLICIES

I. Eligibility for Accessing the Staff Development Fund

- All day care centers that participate in the CDCPP Quality Enhancement Project and that have developed work plans which indicate a need for training/consultation/support in one or more areas.

II. Who Can Access the Fund

- Individual center directors on behalf of themselves, individual teachers and small or large groups of center staff.

III Staff Development Activities and Services Supported by the Fund

- Consultation
- Training
- Undergraduate Early Childhood Education College Courses.
- Professional Memberships
- Child Development Associate Credential Fee.
- Substitutes for teachers while in training sessions.

**PROJECT FUNDERS:** The City of Cleveland, The Cleveland Foundation, Cuyahoga County Department of Human Services, Federation of Catholic Community Services, Harry K. Fox and Emma R. Fox Charitable Foundation, The George Gund Foundation, The Jewish Community Federation of Cleveland, The Sedgwick Fund, The Treu-Mart Fund, United Way Services, *Committee in formation.*

**DIRECTOR:** Carole Ellison

**FISCAL & ADMINISTRATIVE AGENT:** Federation for Community Planning

IV. Funds Available to All Centers

A. Teacher Substitutes

- Funds for substitutes can only be used for substitutes for teachers who have to be away from the center to participate in staff development activities.
- Funds may cover one or more substitutes
- Each center may request up to $36.00 for substitutes.

B. Professional Memberships

- Thirty percent of the center director's Active membership in National, Ohio, and Cleveland Association for the Education of Young Children.
- Thirty percent of center membership in Center for Human Services Members for Excellence in Child Care (MECC).

C. Self-Study for Accreditation by the National Academy of Early Childhood Programs.

- One-half of the application fee

V. Funds Available Only to Centers Whose Work Plans Indicate Specific Needs

A. Consultation

- One or more consultations in a specified area of need.
- Up to four hours of consultation at $12.50 per hour for a total of $50.00 per center.
- Centers with exceptional programmatic and financial needs will be allowed more funds for consultation at the discretion of the Staff Development Fund Review Committee.

B. Training for Individual Staff

- One or a series of workshop sessions (conference registrations excluded).
- Up to $10 per staff member
- Individuals with exceptional needs will be allowed more funds to attend training sessions at the discretion of the Staff Development Fund Review Committee.

C. Group Training for Center

- One or a series of workshop sessions.
- Up to $50 per center for a group training session(s).

- o Centers with exceptional programmatic and financial needs will be allowed more funds for training sessions at the discretion of the Staff Development Fund Review Committee.

VI. Limited Discretionary Funds Available to Individuals with Financial Needs*

A. Undergraduate Early Childhood College Course Tuition

- o Up to one credit hour at Cuyahoga Community College per person.
- o Up to one-half credit hour at Cleveland State University per person.

B. Ten percent of Child Development Associate Assessment Fee

*A Financial Need Form must be submitted with request for approval.

VII. Trainer Qualifications

- o Funds for trainers can only be used for trainers who meet the Ohio Day Care Licensing requirements.
- o Documentation of trainer qualifications is the responsibility of the center director and/or individual teachers. This documentation must be kept on file at the center and made available to CDCPP upon request.

VIII. Payment of Staff Development Funds

- o Funds are available to centers on a reimbursement basis.
- o An approved Request for Staff Development Funds form must be on file at CDCPP.
- o A center director must submit a request for reimbursement after services are rendered. All necessary documentation must be attached.
- o Training/Consultation Evaluation Forms must be submitted to CDCPP with the request for reimbursement.

PROCEDURES

- o Center director reviews work plan with staff and identifies specific area(s) of training needed.
- o Director submits Request for Staff Development Funds Form at least two weeks in advance of the activity.
- o CDCPP Staff Development Fund Review Committee, composed of CDCPP staff and an Advisory Committee member, will review and approve requests.

- o CDCPP returns copy of approved form to center.
- o Immediately after the staff development activity is completed, center director sends request for reimbursement and training/consultation evaluation forms to CDCPP.
- o Upon receipt of appropriate forms, CDCPP will mail reimbursement checks to centers.
- o CDCPP staff and a subcommittee of the Advisory Committee will evaluate the effectiveness of the above policies and procedures by the end of March, 1987.
- o Centers may continue to request funds up to the end of May, 1987 if funds are still available.

October 15, 1986

CE3/DD/ns

CHILD DAY CARE PLANNING PROJECT

REQUEST FOR APPROVAL FOR USE OF STAFF DEVELOPMENT FUNDS

Date _____

Center Name _____ Phone No. _____

Address _____

Street City/State Zip

Director's Name _____

Please check the items for which you are requesting funds.

---

☐ Membership Fees

_____MECC _____NAEYC, OAEYC, CAEYC

(Copy of receipt will be needed for reimbursement) Total Request $_____

---

☐ Self-Study Fee

(Verification form and receipt will be needed for reimbursement) Total Request $_____

---

☐ Substitutes

Reason for using substitute _____

Date substitute to be used _____

Teacher needing substitute _____

_____ hrs x $_____/hr

(Substitute's name, address, phone & Social Security No. will be needed for reimbursement) Total Request $_____

---

☐ Tuition

_____ CCC ____CSU Term: F___ W___ Sp___ Su___

Student Name _____

Course Title _____ Course No. _____

Total number of Credit hours _____

_____ hrs x $_____/hr = $_____

(Total Cost)

ATTACH FINANCIAL NEED FORM.
(Copy of Course Registration will be needed for reimbursement) Total Request $_____

---

☐ Child Development Associate Assessment Fee

Candidate Name _____

Adviser's Name _____ Tele. No. _____

Projected Assessment Date _____

ATTACH FINANCIAL NEED FORM.
(Fee receipt will be needed for reimbursement) Total Request $_____

☐ Training/Consultation

a. Individual _____ Group _____ (Check one)

b. Training _____ Consultation _____ (Check one)

Trainee(s) Names (List all staff and their positions to be included in this training/Consultation).

NAME/POSITION

_____

_____

_____ _____

Topic _____

Brief description of content _____

_____

Date and Time _____

Location _____

Trainer/Consultant Name _____

Position/Affiliation _____

Address _____

Street City/State Zip

Does Trainer meet the State requirements for trainer qualifications? ___Yes ___ No

Do you have verification/documentation of the trainer's qualifications? ___ Yes ___ No

_____ hrs. X $_____/hr. = $_____ (Total Cost) or

_____ Session(s) x $_____/Session = $_____(Total Cost)

$_____ less $ _____ = $_____ _____
(Total Cost) (Total Request)

(Copy of receipt will be needed for reimbursement)

---

TOTAL AMOUNT REQUESTED FOR ALL ITEMS CHECKED ABOVE $_____

_____
Signature (Center Director)

If additional space is needed, please use a separate sheet of paper and attach to this form.

PLEASE SUBMIT COMPLETED FORM TO:

CAROLE ELLISON
CHILD DAY CARE PLANNING PROJECT
1001 HURON RD.
CLEVELAND, OH 44115

FOR CDCPP USE ONLY
Date Request Received _____
Appropriate Forms Attached ___Yes ___ No
Request Approved ___Yes ___No Date _____
Approved by: _____
Date Form Returned to Center _____



CE3/EE/ns/mc

CHILD DAY CARE PLANNING PROJECT

REQUEST FOR REIMBURSEMENT

Date _____

Center Name _____ Director's Name _____

Address _____ Telephone No. _____
Street

_____
City/State Zip

I am requesting reimbursement from the CDCPP Staff Development Fund for approved* expenses in the amount of $ _____.

All required receipts and completed training/consultation evaluation forms are attached.

_____
Signature

*If there have been any changes in your plans and decreased expenses since CDCPP approved your request, please indicate the nature of those changes below.

_____

_____

_____

_____

Return to:
Carole Ellison
Child Day Care Planning Project
1001 Huron Rd.
Cleveland, Ohio 44115

CDCPP USE ONLY:
Cost Center _____
Payment Request _____
Reimbursement Sent _____
Approved by _____



CE3/EE2/ns

CHILD DAY CARE PLANNING PROJECT
ACADEMY FOR EARLY CHILDHOOD PROGRAMS
SELF-STUDY APPLICATION FEE

VERIFICATION FORM

Name of Center _____

Address _____

Director's Name _____ Tele. No. _____

Person Completing this Form _____ Position _____

Number of Children in Center _____

Fee Paid to the Academy $_____ Date Paid _____

Received Materials _____ Yes _____ No

I have made application to the Academy for Early Childhood Programs and paid the appropriate fee for the Self-Study materials for the above named Center.

_____
Signature

_____
Position

Please attach verification of payment (e.g. Academy Receipt, copy of cancelled check) to this completed form and return to:

Carole Ellison
Child Day Care Planning Project
1001 Huron Road
Cleveland, OH 44120

CDCPP will reimburse your center for one-half of the application fee.

CHILD DAY CARE PLANNING PROJECT

Financial Need Form

Date _____

Name _____

Home Address _____ Telephone No. _____
Street

_____
City/State Zip

Center Name _____ Telephone No. _____

Director's Name _____ _____

Please Complete the following information:

Annual income from the day care center $_____

Annual family income $ _____

Number of family members _____

In the space below, please provide any other information you feel will be helpful to us in determining your financial need.

_____

_____

_____

_____
Signature

_____
Director's Signature

CE3/EE1/ns

# OBSERVATION SUMMARY

Center Name _____

Director _____

Consultant(s) _____

Date _____

AREAS MET

AREAS PARTIALLY OR NOT MET

PRIORITIZATION
(Indicate 1, 2, 3 etc.)

ADDITIONAL COMMENTS

CENTER WORK PLAN

| Anticipated Outcome | Action Steps | Timeline | Potential Resources/Costs | Evaluation |
|---|---|---|---|---|
| | | | | |

CUYAHOGA COUNTY DEPARTMENT OF HUMAN SERVICES

Day Care Center Assessment Form*

Center Name _____ Address _____

Observer/Interviewer Name _____

Observation/Interview Date(s) _____

Person Interviewed _____

Title _____

PROFILE

1. How long has the program been operating at this site? _____

2. Hours of operation _____ to _____

   Days per week _____ Months per year _____

3. Total number of children enrolled in the center _____

   Daily enrollment (if different from total above)

   ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

4. Provide the number of children enrolled by developmental level

   ___ Infants (birth to less than 12 months)
   ___ Infants (12 months to less than 18 months)
   ___ Toddlers (18 months to less than 30 months)
   ___ Toddlers (30 months to less than 3 years)
   ___ Pre-schoolers (4 to 5 years)
   ___ School-agers (5 years to less than 11 years)
   ___ School-agers (11 years through 14 years)

---

*The criteria used in this assessment form were excerpted, with permission, from the criteria for high quality programs developed by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children (1985). For more information about sources and interpretation of specific criteria, refer to Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs (1984). The Cuyahoga County Department of Human Services (Cleveland, Ohio) has written permission to use these criteria to assess day care programs under contract. The assessment process has no relationship to the Academy's accreditation process. Participation of a center in the County's assessment shall not, in any way, imply that the center will be accredited by the Academy.

Classroom 1

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

Classroom 2

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

Classroom 3

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

Classroom 4

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

Classroom 5

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

Classroom 6

Teacher(s) Names _____

Number of Children in Group _____ Age Range _____

Number of Paid Staff _____ Number of Volunteers _____

Observation Time _____

## RATING INSTRUCTIONS

For more detailed instructions, refer to Guidelines, Policies, and Procedures for Program Quality Assessment, Monitoring and Contracting with Day Care Centers.

1. Rate each criterion using the following scale:

   [1] The criterion is not met. You observe little evidence that this statement accurately describes the program.

   [2] This criterion is partially met. You observe some evidence that this statement accurately describes the program.

   [3] This criterion is completely met. You observe a great deal of evidence that this statement accurately describes the program throughout the day.

   [NA] Not Applicable

2. Explain your ratings in the "comments" column if:

   - The criterion is not met [1]
   - The criterion is partially met [2]
   - The criterion could be met another way.

   Comments may be entered for three ratings, if desired.

3. If you do not see evidence for an item during the observation, interview the lead teacher following the observation and ask open-ended questions to obtain information about the item. When a rating is based on what a teacher says rather than what is observed, write an "R" for report on the Assessment Form.

4. If children move among more than one teacher, follow the children and base your ratings on the quality of the children's over-all experience.

5. When more than one teacher is observed with the group, base the ratings on all adults in the group who interact with the children. Rule of thumb: rate criteria on the quality of the children's experience.

6. Key to ratings

   - Optional: For "classroom observations average rating," refer to all classroom ratings for an individual criterion, sum scores across all classrooms, divide by number of ratings. Enter rating in "Avg. Rating" column.

Ex:

| Class. 1 | Obs. 2 | Sum of Scores | No. of Ratings | Avg. Rating |
|---|---|---|---|---|
| 2 | 3 | 5 | 2 | 2.5 |

- For administrative rating of an individual criterion, refer to documents, interviews and/or observations of the facility and other items. See instructions in Guidelines, Policies and Procedures) (pg. __). Enter rating in "Adm. Rating" column.

- SQ ratings are based only on staff responses on questionnaire (See Summary sheet and Guidelines, Policies and Procedures (pg. __). Enter rating in "SQ Rating" column.

7. Overall Average Rating for Center

To calculate the overall average rating for a center across all criteria, add up all individual scores (all classrooms, adm. ratings, and SQ ratings) and divide by the total number of ratings. Exclude "NA" from the calculations.

| Ex: | Classroom Observations Room # | | | | | | |
|---|---|---|---|---|---|---|---|
| Criteria | 1 | 2 | 3 | 4 | 5 | Adm. Rating | SQ. Rating |
| A-1 | 2 | 3 | 2 | 1 | 2 | | |
| A-4a | 3 | 3 | 2 | 1 | 2 | | |
| A-10 | 2 | 1 | 3 | 3 | 3 | | |
| B-5b | 3 | 3 | 3 | 3 | 3 | | |
| B-7f | 2 | 2 | 1 | 1 | 3 | | |
| C-6 | | | | | | | 3 |
| D-5 | | | | | | 2 | |
| E-10 | | | | | | 2 | 3 |
| G-1a | | | | | | 3 | |
| G-4 | 3 | 2 | 3 | 1 | 2 | | |
| H-16b | 2 | 1 | NA | NA | NA | | |
| H-20a | 3 | 3 | 3 | 3 | 3 | 3 | |

102 ÷ 43 = 2.37

(Sum of ratings) (no. of ratings) = overall average rating for center

8. Other Average Ratings

It is not necessary to calculate separately the overall average rating for the following items:

- o each individual criterion
- o each individual classroom
- o administrative criteria
- o staff questionnaires
- o each individual cluster of criteria

However, average ratings can be calculated simply by adding up all the specific ratings and dividing by the total number of ratings. The assessment form includes spaces for the resulting averages (either horizontal or vertical).

9. Code letters identify the source(s) of information for rating an individual criterion.

C = Classroom Observation

D = Document

I = Interview

S = Staff Questionnaire

O = Observation of facility and other items

10. Mandatory criteria (i.e. criteria that must be met) are marked with a capital M in a box [M].

Definitions:

Infants - birth to less than 12 months.

Infants - 12 months to less than 18 months.

Toddlers - 18 months to less than 30 months.

Toddlers - 30 months to less than 3 years.

Pre-schoolers - 3 years.

Pre-schoolers - 4 to 5 years.

School-agers - 5 years to less than 11 years.

School-agers - 11 years through 14 years.

# CRITERIA FOR HIGH QUALITY PROGRAMS

Center _____

Date _____

Exterpted, with permission, from the National Association for the Education of Young Children Classroom Observation, Administrator Report, Parent Survey and Staff Questionnaire Forms

| CRITERIA | CLASSROOM OBSERVATIONS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Sum of Scores | No. of Ratings | Avg. Rating | Adm. Rating Doc/Obs/Int | SQ Rating | Total Avg. Rating | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INTERACTIONS AMONG STAFF AND CHILDREN | | | | | | | | | | | | | | | |
| A-1. Staff interact frequently with children showing affection and respect. C | | | | | | | | | | | | | | | |
| A-2. Staff are responsive to children. C M | | | | | | | | | | | | | | | |
| A-3a. Staff speak with children in a friendly, courteous manner. C M | | | | | | | | | | | | | | | |
| A-3b. Staff talk with individual children, and encourage children of all ages to use language. C | | | | | | | | | | | | | | | |
| A-4a. Staff treat children of all races, religions, and cultures equally with respect and consideration. C M | | | | | | | | | | | | | | | |
| A-4b. Staff provide children of both sexes with equal opportunities to take part in all activities. C M | | | | | | | | | | | | | | | |

Sample revised form

Code for Sources of Information

C = Classroom Observation
D = Documents
I = Interview
S = Staff Questionnaire
O = Observation of Facility and other items
M = Mandatory Items

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# TRAINING/STAFF DEVELOPMENT QUESTIONNAIRE

NAME _____

CENTER _____

ADDRESS _____

TELEPHONE NO. _____

Check the types of training and/or staff development activities in which you have participated in the past twelve months.

[] On-site supervision and support - a supervisor observes you regularly and assists you in developing skills.

[] Formal center staff meetings - center staff meets regularly for the purpose of sharing resources and discussing issues relating to children, family and center program.

[] Consultation - the center uses the services of a consultant to provide professional advice/guidance to individuals and/or small groups of staff.

[] Individual workshop - a single session focusing on one specific topic relating to children, families or program.

[] Workshop series - more than one session which gives an in-depth study of <u>one</u> topic relating to children, families or program.

[] Conferences - A variety of presentations covering many topics relating to children, families, and program
__ locally sponsored
__ state sponsored
__ nationally sponsored

[] College Course
Specify college — Specify courses taken

_____

_____

_____

[] Other (Specify)

_____

_____

**Current Activities:** For each type of training/staff development activity in which you have participated in the past twelve months, please indicate location, frequency, scheduled time, cost, and topical content.

| ACTIVITY | LOCATION | | | | FREQUENCY (How Often) | | | | | SCHEDULED TIME OF DAY | | | | | | COST/PAYMENT | | | | | TOPICS | | | | | |

**Current Activities:** For each type of training/staff development activity in which you have participated in the past twelve months, please indicate location, frequency, scheduled time, cost, and topical content.

| ACTIVITY | LOCATION | | | | FREQUENCY (How Often) | | | | | SCHEDULED TIME OF DAY | | | | | | COST/PAYMENT | | | | | TOPICS | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | own center | downtown | other | Specify Other | daily | weekly | monthly | other | Specify Other | mornings | naptime | evenings | weekends | other | Specify Other | free - no cost | cost absorbed by center | cost paid by individual | cost shared by center/ individual | Specify Cost | child growth & development | program curriculum activities | handling behavior problems | nutrition | working with parents | community health social services | infant/toddler | special needs children | other | Specify Other | | | |
| e) workshop series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Conference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) College Courses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please - check the area(s) you feel are barriers to your participation in current training/staff development activities.
- give reasons explaining why it is a barrier
- give your preference in each area.

| Barriers | Reasons Why | Preference |
|---|---|---|
| ___ location | | |
| ___ frequency of training | | |
| ___ scheduled time of day | | |
| ___ cost | | |
| ___ topics | | |
| ___ other (specify below) | | |

CE3(G)dar/av

# TRAINING AND STAFF DEVELOPMENT AREAS

I. Child Development

- o Theories and prinicpals of child growth and development for children, infant to school age
- o Developmental stages in intellectual, social, emotional and physical growth
- o An understanding of the needs of children

II. Program Curriculum and Activities

- o An understanding of teacher competencies and activities to promote children's intellectual, social, emotional, and physical development
- o The planning of the daily schedule and routines
- o Assessment of children's needs
- o Modifications of curriculum and activities to meet individual and group needs

III. Handling Behavior

- o Characteristics of age appropriate behavior
- o Recognition of individual differences
- o Factors influencing behavior

  e.g. environment

  size of group

  programmed activities

  daily schedule

- o Selection and application of a variety of positive guidance/discipline methods for individuals and groups of children

IV. Health/Safety/Nutrition

- o Federal, state, local requirements

  e.g. first aid and handling emergencies

  precautions, identifications, and management of communicable diseases

identification and reporting of incident of abuse

recordkeeping

menu planning

safe handling of food

- o An understanding of teacher competencies and activities/procedures to promote children's

  health e.g., washing hands; daily health checks

  safety e.g., keeping environment free of hazards; fire drills

  nutrition e.g., providing balanced meals; posting of menus

- o Implementation of program policies to insure children's

  health e.g., attendance of sick children

  safety e.g, transportation of children

  nutrition e.g., provision of nutritional meals

V. Working with Parents

- o Recognition and respect of the diversity of families and their beliefs
- o Development of policies/procedures that promote effective involvement and communication with parents

  e.g., orientation

  visitation to the classroom

  conferences

VI. Community Resources

- o Awareness of and access to commmunity resources and services
- o How to make appropriate referrals

  e.g., for suspected child abuse

  for medical concerns

  for family needs

VII. Physical Space, Equipment, and Materials

- o Federal, state, and local regulations

- o Arrangement of space
- o Selection and use of equipment/materials that appropriately meet needs of children
- o Modification of learning environment for individual needs of children

VIII. Administration (Fiscal)

- o An understanding of program costs
- o Budgeting
- o Financing

IX. Administration (Supervision)

- o An understanding of staff roles
- o Communication with staff
- o Evaluation of staff
- o Theories, principals and practices of supervision
- o Implementation of personnel policies/procedures

  e.g., new staff orientation

  staff planning

X. Administration (Program Managment)

- o Federal, state and local regulations and laws
- o Development of program plans, policies, and procedures regarding
  - center philosophy
  - program curriculum
  - assessment and the reporting of children's progress
  - operations
  - personnel
  - staff training
  - program evaluation
  - recordkeeping

# CRITERIA FOR HIGH QUALITY CHILD CARE AND IMPLICATIONS FOR IDENTIFYING AREAS OF NEED*

| CRITERIA | | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | | Other | Adm. (Fiscal) | Adm. (Supervision) | Adm. (Program Mgt.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Interactions among Staff and Child | | | | | | | | | | | | | |
| A-1 | Frequent, positive interactions | X | X | X | | | | | | | | | |
| A-2 | Staff responsive | X | | X | | | | | | | | | |
| A-3a | Speak friendly, courteous | X | | X | | | | | | | | | |
| A-3b | Encourage language | X | X | | | | | | | | | | |
| A-4a | Treat all races equally | X | X | | | | | | | | | | |
| A-4b | Both sexes equal opportunity | X | X | | | | | | | | | | |
| A-5 | Encourage independence | X | X | X | | | | | | | | | |
| A-6a | Positive discipline | X | | X | | | | | | | | | |
| A-6b | No physical punishment | X | | X | | | | | | | | | |
| A-7 | Sound of group pleasant | X | | X | | | | | | | | | |
| A-8a | Children comfortable, relaxed | X | | X | | | | X | | | | | |
| A-8b | Help child deal with anger, sadness | X | X | X | | | | | | | | | |
| A-9 | Encourage prosocial behavior | X | X | X | | | | X | | | | | |
| A-10 | Expectations developmentally appropriate | X | X | X | | | | | | | | | |
| A-11 | Encourage children to talk about feelings | X | X | X | | | | | | | | | |
| B. Curriculum | | | | | | | | | | | | | |
| B-1 | Long range, written curriculum plan | | | | | | | | | | | | X |
| B-2 | Curriculum goals based on assessment | | | | | | | | | | | | X |
| B-3a | Modifications for special needs | X | X | | | | | X | | | | | |
| B-3b | Appropriate professional referrals | | | | | | X | | | | | | X |
| B-4a | Balance of indoor/outdoor activity | | X | | | | | X | | | | | |
| B-4b | Balance of quite/active play | | X | | | | | X | | | | | |
| B-4c | Balance of individual/small/ large group | | X | | | | | X | | | | | |
| B-4d | Balance of large/small muscle | | X | | | | | X | | | | | |
| B-4e | Balance of child/staff initiated | | X | | | | | X | | | | | |

| | | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | | Other | Adm. (Fiscal) | Adm. (Supervision) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B-5a | Multi-racial, non-sexist materials | X | | | | | | X | | | X | | |
| B-5b | Appropriate materials for infants | X | | | | | | X | | | X | | |
| B-5c | Appropriate materials for toddlers | X | | | | | | X | | | X | | |
| B-5d | Appropriate materials for preschoolers | X | | | | | | X | | | X | | |
| B-5e | Appropriate materials for schoolagers | X | | | | | | X | | | X | | |
| | Developmentally appropriate activities to: | | | | | | | | | | | | |
| B-7a | Foster positive self-concept | X | X | | | | | | | | | | |
| B-7b | Develop social skills | X | X | | | | | | | | | | |
| B-7c | Encourage thinking, reasoning, questioning | X | X | | | | | | | | | | |
| B-7d | Encourage language development | X | X | | | | | | | | | | |
| B-7e | Enhance physical development | X | X | | | | | | | | | | |
| B-7f | Encourage health, safety, nutrition | | X | | X | | | | | | | | |
| B-7g | Encourage creative expression | | X | | | | | | | | | | |
| B-7h | Respect cultural diversity | | X | | | | | | | | | | |
| B-8 | Materials and time to select own activity | | X | | | | | | | | | | |
| B-9 | Smooth and unregimented transitions | | X | X | | | | | | | | | |
| B-10 | Staff are flexible to change plans/routines | | X | | | | | | | | | | |
| B-11 | Routines are handled in individual manner | | X | | | | | | | | | | |
| C. | Staff - Parent Interaction | | | | | | | | | | | | |
| C-1a | Written philosophy for parents | | | | | X | | | | | | X | |
| C-1b | Written operational policy for parents | | | | | X | | | | | | X | |
| C-2 | Process for orienting children and parents | X | | | | X | | | | | | X | |
| C-3 | Staff and parents communicate | | | | | X | | | | | | X | |
| C-4a | Parents welcome at all times | | | | | X | | | | | | X | |
| C-4b | Parent involvement encouraged | | | | | X | | | | | | X | |
| C-5a | System for sharing information | | | | | X | | | | | | X | |

| | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | Other | Adm. (Fiscal) | Adm. (Supervision) | Adm. (Program Mgt.) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C-5b Changes in child reported | X | | | | X | | | | | | X |
| C-6 Regular conferences | | | | | X | | | | | | X |
| C-7 Parents informed about program | | | | | X | | | | | | X |
| D. Staff Qualifications and Development | | | | | | | | | | | |
| D-1a Staff qualifications - age | | | | | | | | | | | X |
| D-1b Assistant qualifications - education | | | | | | | | | | | X |
| D-1c Staff qualifications - education | | | | | | | | | | | X |
| D-1d Staff have child development training | X | | | | | | | | | | X |
| D-1e Staff training plan | | | | | | | | | | | X |
| D-2a Administration training and/or experience | | | | | | | | | X | X | X |
| D-2b Qualifications of educational director | | | | | | | | | | | X |
| D-3 New staff orientation | | | | | | | | | | X | X |
| D-4a Center provides staff training | | | | | | | | | | X | X |
| D-4b Basic training areas addressed | | | | | | | | | | X | X |
| D-5 Accurate and current staff records | | | | | | | | | | | X |
| E. Administration | | | | | | | | | | | |
| E-1 Annual assessment of program | | | | | | | | | | X | X |
| E-2 Written policies and procedures | | | | | | | | | | | X |
| E-3a Written personnel policies | | | | | | | | | | | X |
| E-3b Non-discriminatory hiring practices | | | | | | | | | | | X |
| E-4 Staff benefits | | | | | | | | | | | X |
| E-5a Attendance records kept | | | | | | | | | | | X |
| E-5b Confidential personnel files | | | | | | | | | | | X |
| E-6a Written policies for board | | | | | | | | | | | X |
| E-7 Fiscal records and budgeting | | | | | | | | | X | | X |
| E-8 Accident insurance for children staff | | | | | | | | | X | | X |
| E-9 Appropriate use of community resources | | | | | | X | | | | | X |

| | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | | Other | Adm. (Fiscal) | Adm. (Supervision) | Adm. (Program) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E-10a Frequent staff/administrator communication | | | | | | | | | | | X | X |
| E-10b Staff plan together | | | | | | | | | | | X | X |
| E-10c Regular staff meetings | | | | | | | | | | | X | |
| E-10d Paid planning time | | | | | | | | | | X | X | |
| E-11 Space & time for staff breaks | | | | | | | | | | X | X | |
| **F. Staffing** | | | | | | | | | | | | |
| F-1 and F-2 Staff/child ratio and group size | | | | | | | | | | | | |
| F-1 Number of children limited | | | | | | | | | | X | | |
| F-2a Enough staff | | | | | | | | | | X | | |
| F-2b Substitutes provided | | | | | | | | | | X | | |
| F-3a Staff assigned to specific children | | | | | | | | | | X | X | |
| F-3b Continuity of staff | | | | | | | | | | X | | |
| F-3c Staff continuity with infants/toddlers | | | | | | | | | | X | | |
| **G. Physical Environment** | | | | | | | | | | | | |
| G-1a Enough usable space indoors | | | | | | | X | | | X | | |
| G-1b Enough usable space outdoors | | | | | | | X | | | X | | |
| G-2 Space arranged to accommodate groups | | | X | | | | X | | | | | |
| G-3 Space arranged for variety of activities | | X | | | | | X | | | | | |
| G-4 Variety of materials accessible to children | | | | | | | X | | | X | | |
| G-5 Individual storage space for children | | | | | | | X | | | X | | |
| G-6 Private areas are available | | | | | | | X | | | X | | |
| G-7 Environment include soft elements | | | | | | | X | | | X | | |
| G-8 Sound absorbing materials used | | | | | | | X | | | X | | |
| G-9a Variety of activities can go on outdoors | | X | | | | | X | | | | | |
| G-9b Outdoor play area is protected | | | | X | | | | | | X | | |

H. Health and Safety

| | | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | Other | Adm. (Fiscal) | Adm. (Supervision) | Adm. (Program Dir.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H-1 | Center is licensed | | | | X | | | | | | | X |
| H-2a | Staff health records | | | | X | | | | | | | X |
| H-2b | Probationary period for new staff | | | | X | | | | | | X | X |
| H-3 | Child health records | | | | X | | | | | | | X |
| H-4 | Written policy on illness | | | | X | | | | | | | X |
| H-5 | Provisions for safe arrival/ departure | | | | X | X | | | | | | X |
| H-6 | Transportation safety | | | | X | | | | | X | | X |
| H-7 | Children under supervision | | | | X | | | | | | | X |
| H-8 | Records kept of children's medical problems/accidents | | | | X | | | | | | | X |
| H-9a | Staff knows abuse/neglect reporting procedures | | | | X | X | X | | | | | X |
| H-9b | Incidents of child abuse are reported | | | | X | | | | | | | X |
| H-10 | Certified first aid/CPR staff in center | | | | X | | X | | | | | X |
| H-11a | Adequate first aid supplies | | | | X | | | | | X | | |
| H-11b | Plan for medical emergencies | | | | X | | | | | | | X |
| H-12 | Children dress appropriately | | | | X | | | | | | | |
| H-13a | Areas kept reasonably clean | | | | X | | | | | X | | |
| H-13b | Toileting/diapering areas sanitary | | | | X | | | | | X | | |
| H-14a | Staff wash hands | | | | X | | | | | | | |
| H-14b | Sink close to diapering/ toileting | | | | X | | | | | X | | |
| H-15a | Building, equipment maintained | | | | X | | | | | X | | |
| H-15b | Infants' toys big enough | X | | | X | | | X | | X | | |
| H-16a | Bedding changed, kept clean | | | | X | | | | | X | | |
| H-16b | Sides of cribs locked | | | | X | | | | | | | |
| H-17 | Hot water temperature controlled | | | | X | | | | | | | |
| H-17a | Toilets, water accessible | | | | X | | | | | X | | |
| H-17b | Soap/disposable towels provided | | | | X | | | | | X | | |
| H-17c | Children wash hands | | | | X | | | | | | | |
| H-18a | Areas well-lighted, ventilated | | | | X | | | | | X | | |
| H-18b | Electrical outlets capped | | | | X | | | | | X | | |
| H-18c | Floor covers non-slip | | | | X | | | | | X | | |

| | | Child Development | Program Curriculum Activities | Handling Behavior | Health/Safety/Nutrition | Working with Parents | Community Resources | Physical Space Equipment & Materials | | Other | Adm. (Fiscal) | Adm. (Supervision) | Adm. (Program Mgt.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H-19a | Cushioning materials used | | | | X | | | | | | X | | |
| H-19b | Climbing equipment anchored | | | | X | | | | | | X | | |
| H-20a | Chemicals stored appropriately | | | | X | | | | | | | | |
| H-20b | Medication only with written order | | | | X | | | | | | | | X |
| H-21a | Evacuation routes practiced | | | | X | | | | | | | | X |
| H-21b | Posted emergency procedures | | | | X | | | | | | | | X |
| H-22a | Staff know emergency plans | | | | X | | | | | | | | |
| H-22b | Smoke detectors and fire extinguishers | | | | X | | | | | | X | | |
| H-22c | Emergency telephone numbers | | | | X | | | | | | | | X |
| I. | Nutrition and Food Service | | | | | | | | | | | | |
| I-1 | Meals meet nutritional needs | | | | X | | | | | | | | X |
| I-2a | Written menus for parents | | | | X | X | | | | | | | X |
| I-2b | Food information given daily to parents of infants/toddlers | | | | X | X | | | | | | | |
| I-3 | Mealtimes used for learning, social cultural | | X | | | | | | | | | | |
| I-4 | Food properly stored | | | | X | | | | | | | | X |
| I-5 | Food preparation in compliance | | | | X | | | | | | | | X |
| J. | Evaluation | | | | | | | | | | | | |
| J-1a | Staff evaluated annually | | | | | | | | | | | X | |
| J-1b | Written evaluations discussed with staff | | | | | | | | | | | X | |
| J-1c | Evaluations include classroom observation | | | | | | | | | | | X | |
| J-1d | Staff told evaluation criteria before | | | | | | | | | | | X | |
| J-1e | Staff do self evaluation | | | | | | | | | | | | X |
| J-1f | Training plan based on evaluations | | | | | | | | | | | | X |
| J-2 | Yearly evaluation of program | | | | | | | | | | | | X |
| J-3 | Written records of children's development used in planning | X | X | | | | | | | | | | X |

*This form was developed by the Child Day Care Planning Project (Cleveland, Ohio) using criteria obtained from the National Academy for Early Childhood Programs (A division of the National Association for the Education of Young Children).

REVISED October 1, 1985
APPENDIX H

# A TWO-YEAR STRATEGY FOR DEVELOPING AND IMPLEMENTING A CUYAHOGA COUNTY COORDINATED DAY CARE TRAINING SYSTEM

Concept:

- Staff development needs matched to training resources
- Resource development
- Full continuum of training options
- Cost-effective training options
- Systematic plan for quality enhancement for centers and for individual staff

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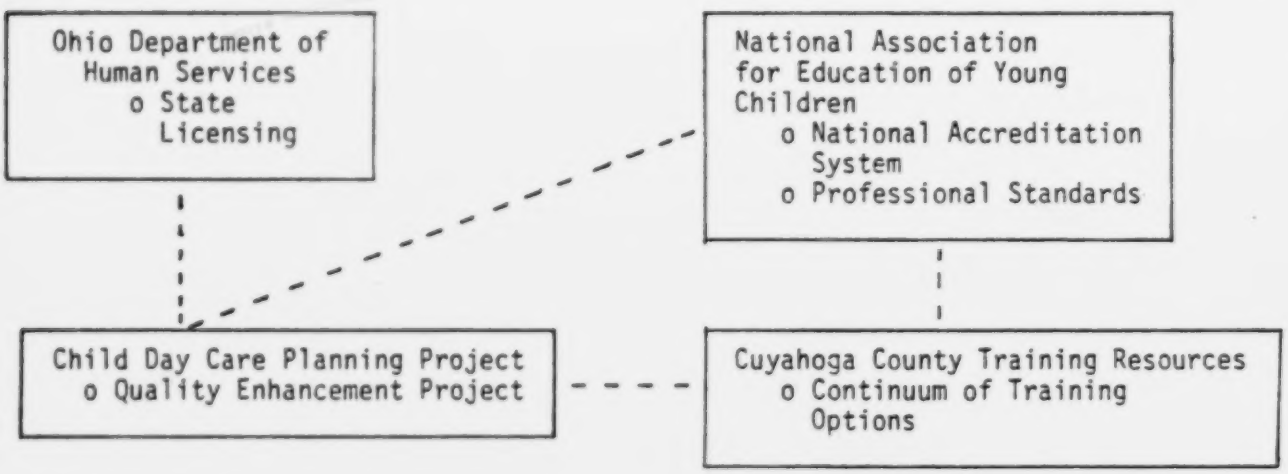
Framework


Ohio Department of Human Services
o State Licensing
National Association for Education of Young Children
o National Accreditation System
o Professional Standards
Child Day Care Planning Project
o Quality Enhancement Project
Cuyahoga County Training Resources
o Continuum of Training Options

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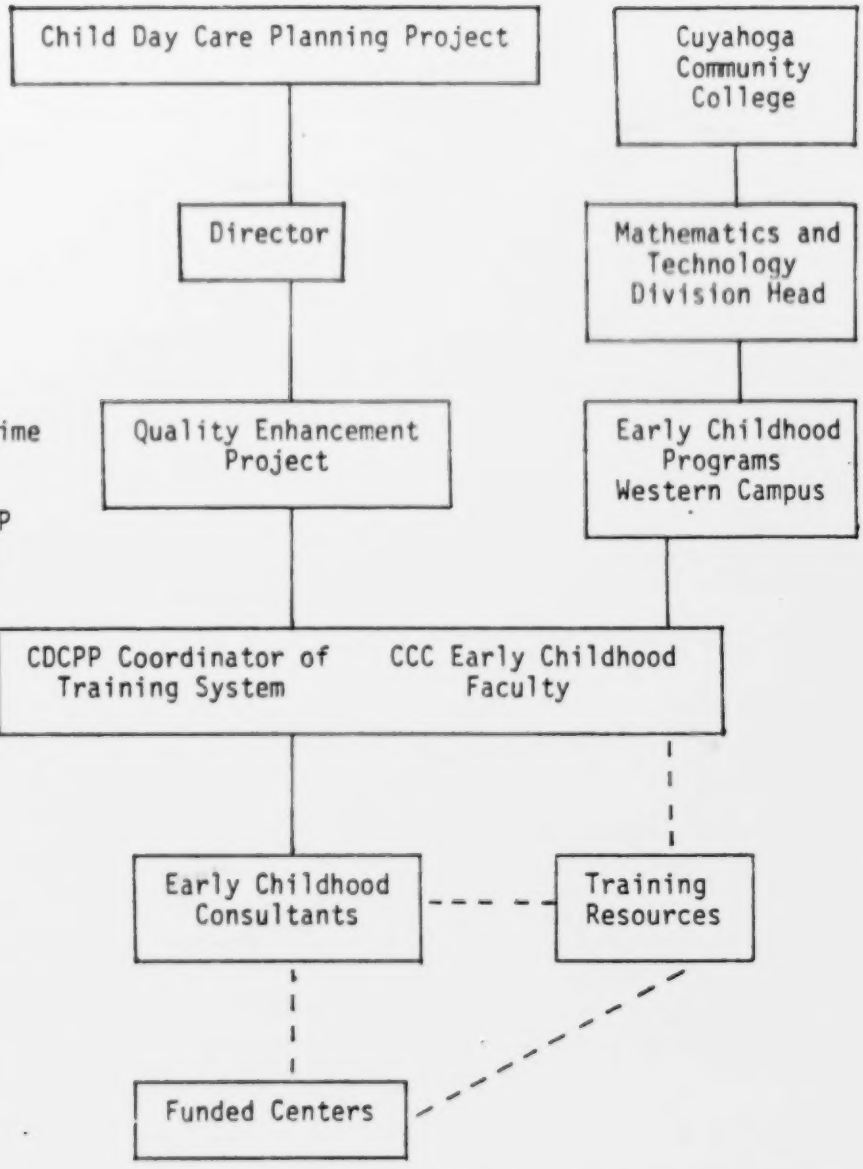
Structure:




Institutional Relationships:

Coordinator -- part-time CCC Division of Early Childhood; part-time with CDCPP Quality Enhancement Project

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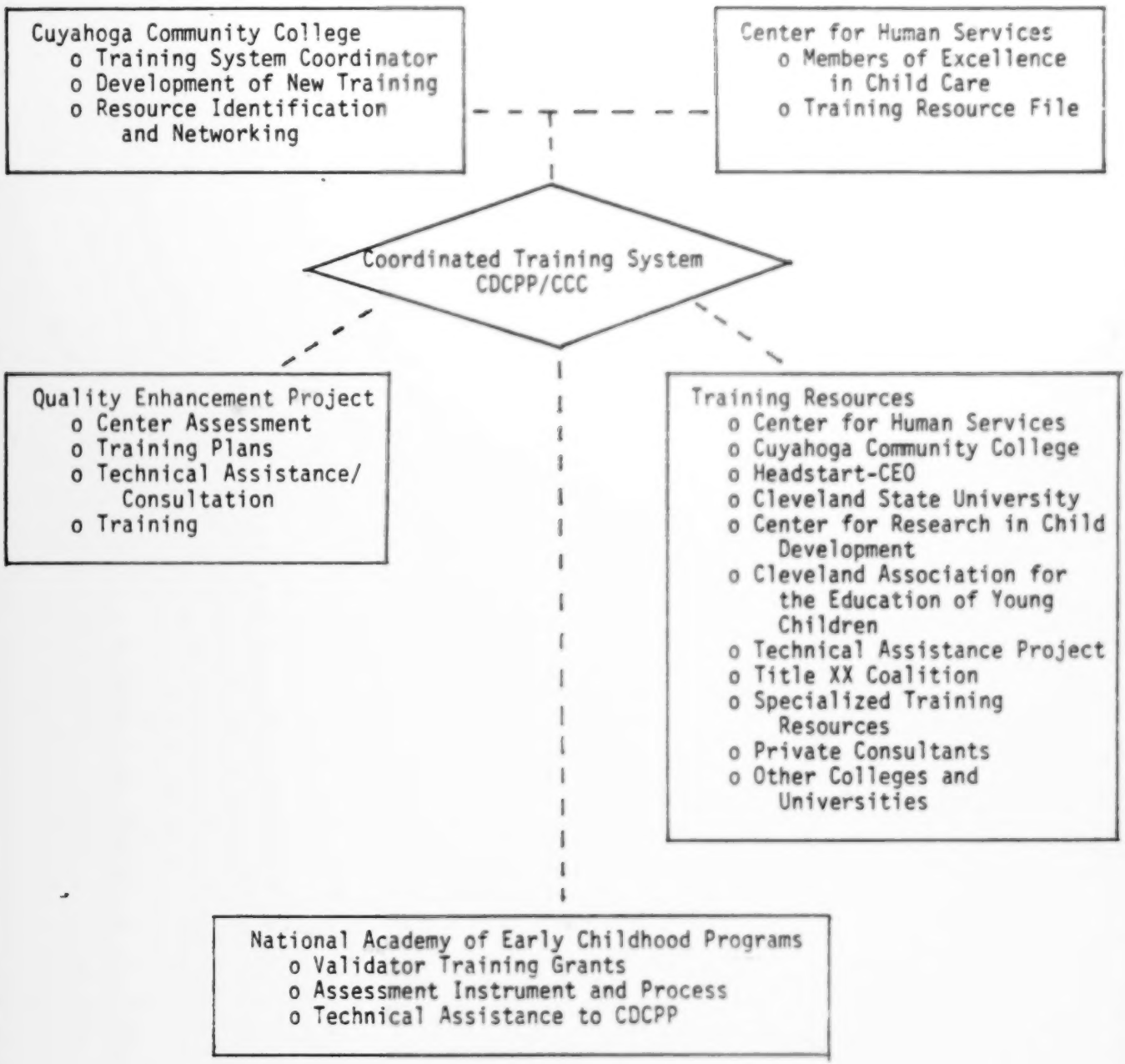
.Strategy and Supports:


Cuyahoga Community College
o Training System Coordinator
o Development of New Training
o Resource Identification and Networking
Center for Human Services
o Members of Excellence in Child Care
o Training Resource File
Coordinated Training System
CDCPP/CCC
Quality Enhancement Project
o Center Assessment
o Training Plans
o Technical Assistance/ Consultation
o Training
Training Resources
o Center for Human Services
o Cuyahoga Community College
o Headstart-CEO
o Cleveland State University
o Center for Research in Child Development
o Cleveland Association for the Education of Young Children
o Technical Assistance Project
o Title XX Coalition
o Specialized Training Resources
o Private Consultants
o Other Colleges and Universities
National Academy of Early Childhood Programs
o Validator Training Grants
o Assessment Instrument and Process
o Technical Assistance to CDCPP

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# APPENDIX A

## Major Child Care Training Resources in Cuyahoga County

1. Technical Assistance Project (TAP -- Society For Crippled Children) -- Assists in the placement of handicapped children in day care and provides on-going training and consultation to teachers on how to work with children with special needs. No charge for services. Certificates available to participants.

2. Center for Human Services -- Provides group training, individual consultation, periodic forums and seminars for early childhood program administrators and teachers. Wide range of topics covered. In-depth course on "child development" offered which meets 15 hours training requirement for teachers in Title XX Centers. Nominal charge for many of the training options. Certificates available to participants.

3. Cuyahoga Community College -- Offers a two-year Associate Degree program in early childhood. Individual courses on a wide range of topic (e.g., curriculum, child development, infant/toddler care) available to any students. Not necessary for student to be enrolled in degree program. Student observations/placement in community-based programs incorporated into course requirements. Content of courses consistent with Child Development Associates criteria for competencies. Tuition charged for Associate Degree Credit courses. Variable fees charged for non-credit seminars, workshops and courses.

4. Council for Economic Opportunities/Headstart -- Provides training primarily to Headstart staff and parents. Assesses staff training needs and designs appropriate training sessions. Covers a wide range of topics at different levels. Training provided at delegate agency, center or CEO sites. In-depth multiple sessions as well as single sessions provided. Focus on materials. Non-Headstart teachers may participate. Nominal fee charged. Headstart sites are sometimes available to others for observations. Technical assistance periodically provided to other programs.

5. Center for Research in Child Development -- Provides courses in child development. Offers consultation to teachers on how to work with children. Tuition charged for courses and consultation groups.

6. Title XX Coalition -- Offers annual conference with a variety of workshops and sessions.

7. Red Cross -- Offers special courses on communicable diseases and first aid for teachers.

8. Cleveland State University -- Bachelor Degree program in early childhood with courses focusing on teachers working with children from birth to age eight. Pre-K and K-3 teaching certificates available to students completing requirements.

9. Early Childhood Associates -- Private consultants offering training and consultation to early childhood personnel. Local resource for center accreditation by Familiae.

   Familiae -- Provides accreditation for centers having met the required standards. Additional on-going training available to accredited centers. Fee for accreditation; no charge for follow-up training.

10. Other private consultants.

11. Cleveland Association for the Education of Young Children -- A local professional organization offering workshops, seminar,s conferences, and publications for early childhood personnel. Variety of options. Nominal fee for members; fee for non-members.

12. Other specialized training is available from different resources (e.g., health department).

13. CHS and NCA -- offer consultation and in-service training for their own centers.

# APPENDIX B

## Continuum of Training Options

1. Structure: from informal (single workshops) to formal (4 year degree/ certification)

2. Location: Day care center site, other center sites, neutral (e.g. agency) site or college campus

3. Levels of Training: from basic (15 hours classroom management/child development) to indepth for master teacher and administrative personnel

4. Range of Topics: including, but not limited to child development, curriculum, program planning, evaluation and management

5. Focus on Specific Age Groups: infant/toddler, pre-schooler and school-ager

6. Focus on Specific Caregiving Settings: day care homes, day care center and other program sites (e.g. public school)

7. Fees: from free to nominal charge to charge for full costs.

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BACKGROUND

Research indicates that caregivers with education/training relevant to young children deliver better care with somewhat superior developmental effects for children (Abt National Day Care Study, 1979). According to a recent publication, Day Care: Investing in Ohio's Children (Rhodes and Real, 1985), Ohio has no requirement that child care teachers or administrators receive in-service training or continuing education. Only 29% of Ohio day care administrators have a college degree (including two-year associate degrees) in child development or early childhood education and only 38% of the teachers have college training in those areas.

In addition to limited training, day care workers comprise one of the lowest paid groups in Ohio. Many centers pay only minimum wage ($3.35 per hour) to beginning staff members with day care workers often earning less than $7,000 a year. The average day care center administrator, who directs a staff of 10 to 20 people and is responsible for 50 or more children, often earns only $12,000.

Day care is among the 10 job classifications with the highest turnover rate. Over 40% of day care teachers leave their jobs every year. With such a high turnover rate, there is little chance of building strong programs for children.

Ohio state licensing and funding standards are minimal and instruments used to determine center compliance with regulations do not adequately discriminate between high quality and mediocre programs. While the Ohio and Cuyahoga County Departments of Human Services, and various city licensing inspectors, evaluate and monitor programs and provide technical assistance as needed, none of the agencies are staffed to provide on-going in-depth training to day care personnel.

Although a variety of training resources are available in Cuyahoga County (see Appendix A), center staff do not necessarily have access to them. Factors that may affect how and when centers use resources are: available information, motivation, training costs, location, structure, content, degree of staff turnover, and relevance of training to specific population served by a center. The degree to which each of these factors affects staff use of existing training resources is not known.

Currently in Cuyahoga County there is:

- no planned approach to meeting the Title XX 15 hour requirement,
- no widely accepted standard for high quality care,
- no objective data on specific training needs,
- little coordination of training resources,
- no systematic approach for identifying gaps in services, and
- no single agency or institution has the responsibility to coordinate or support a systematic training strategy in Cuyahoga County.

Despite the problems outlined above, there are efforts underway to address some of these issues.

a) The Child Day Care Planning Projects' Quality Enhancement Project is designed:

- o to document the quality of care provided in funded centers,
- o to identify training needs of day care center staff,
- o to develop individual long and short-term staff development plans,
- o to provide consultation, technical assistance, and training to help staff upgrade the quality of care.

b) Revisions in the day care licensing law are now before the State Legislature. The intent of the revisions is to increase the requirements for minimum standards that impact the quality of care provided in homes and centers.

c) The National Association for the Education of Young Children has developed professional standards for high quality early childhood programs and procedures for accrediting programs meeting these standards.

d) Center for Human Services has developed a program, Members for Excellence in Child Care (MECC). Its purpose is to make a range of staff development resources available to its members at reduced costs. In addition, CHS is compiling a list of resources that are available outside of the agency.

e) Cuyahoga Community College submitted a proposal to CDCPP for the development of model infant/toddler and school-age programs, the provision of training and consultation on and off center sites and the development of "best practices" materials. This project, accepted for funding by CDCPP, will fill a specific gap in training service.

PURPOSE

While it is clear that some significant steps are being taken nationally and locally to address the issue of improved quality of care, the Child Day Care Planning Project Committee continues to be concerned about coordination of staff development efforts. The proposed plan for coordination of the day care training system responds to CDCPP concerns.

GOALS

1. To develop a system for county-wide coordination of existing quality improvement/staff development efforts for funded centers.

2. To establish a full continuum of cost-effective training and consultation options.

3. To improve the quality of child care in the funded centers by providing ongoing support and incentives for child care staff and increasing their accessibility to training/consultation.

4. To assist center staff in assessing and understanding their staff development needs.

5. To establish a support structure that links funded day care staff training needs with training resources throughout the county, especially targeting those centers outside agency systems.

6. To expand sources of funds available for training.

OBJECTIVES AND METHODS

1. To identify specific training needs of day care staff in 63 funded centers by:

   a. Assessing the quality of care provided in funded centers and engaging staff in a self-assessment process.
      Staff: CDCPP, consultant team

   b. Analyzing the results of the assessments and grouping individual center training needs into categories and levels.
      Staff: CDCPP, Training System Coordinator, consultant team

   c. Developing short- and long-term individual and center work plans.
      Staff: consultant team

   d. Conducting an informal survey of programs to determine staff training preferences related to training structure, locations, levels, topics, etc.
      Staff: consultant team

2. To identify major training resources in the county by:

   a. Compiling a list of resources which describes type, level, cost and availability of a continuum of training options and updating the list at least every six months (see Appendix B for examples).
      Staff: Training System Coordinator (in conjunction with Center for Human Services)

   b. Making a list of resources available to child care providers.
      Staff: consultant team

3. To link day care staff to appropriate cost effective training/consultation by:

   a. Developing a Quality Enhancement team which will group child care staff across all centers according to specific training needs.
      Staff: Training System Coordinator, CDCPP, consultant team

   b. Maintaining a calendar of scheduled training sessions.
      Staff: Training System Coordinator

   c. Identifying written material and resources available for loan to day care providers.
      Staff: Training System Coordinator

   d. Developing and implementing a plan for promoting available training.
      Staff: Training System Coordinator

4. To reduce the gap between training needs and available resources by:

   a. Identifying what training is needed as compared to the available resources.
      Staff: Training System Coordinator

   b. Developing cost-effective training to fill training gaps.
      Staff: Training System Coordinator (in conjunction with CHS, CCC and other training resources)

   c. Determining what barriers prevent providers from accessing existing training.
      Staff: Training System Coordinator, consultant team

   d. Identifying specific incentives for staff to participate in training.
      Staff: Training System Coordinator, consultant team

5. To identify new sources of funds for training (both trainer and trainee) and assist CDCPP in accessing such funds by:

   a. Compiling a list of existing sources describing sponsorship, client eligibility and restrictions on use, etc.
      Staff: Training System Coordinator

   b. Researching sources of training funds used in other cities.
      Staff: Training System Coordinator

6. To develop specific recommendations for CDCPP or other child care funders on changes in policies and procedures which will facilitate provider access to training.
   Staff: Training System Coordinator, consultant team, CDCPP

STAFFING

During the first two years, the coordinated training system will be developed and managed jointly by the Director of the Child Day Care Planning Project and a half-time Training System Coordinator hired by Cuyahoga Community College. The specific qualifications for this position will be developed by CCC and CDCPP staff. The rationale for the joint management is two-fold:

- To ensure linkage between the CDCPP Quality Enhancement Project and the Coordinated Training System.
- To ensure a continuation of a coordinated training system after the end of the two-year demonstration period.

Major responsibilities of the Coordinator will be:

- To work with CDCPP to develop and implement a system for coordinating community-wide training and enhancing the quality of care.
- To assist CDCPP staff in developing a plan for assessing the quality of care in day care centers.
- To assist CDCPP staff in recruiting early childhood consultants.
- To work with early childhood consultants and County negotiators who participate in the quality assessment process to identify training needs and match needs to resources.
- To identify training resources and stimulate development of needed services.
- To identify potential sources of funds for training and initiate activities to secure such funds.

TIMELINE

The timeline for the development and implementation of this coordinated training system should coincide with the timeline for the Quality Enhancement Project activities. The following schedule is tentative:

| Time | Task |
|---|---|
| Mid-September, 1985 | Coordinator hired |
| End of September | Quality Assessment Instrument Finalized |
| " | Quality Enhancement Project Plan -- Input sought from providers; Plan Finalized |
| " | Consultants Selected |
| " | Assessment Procedures and Schedules Developed |
| Mid-October | Consultants Trained to Conduct Assessments |
| Mid-November | Pilot Study Completed |

| | |
|---|---|
| December-March 31, 1986 | Objective Assessment of Centers by CDCPP Consultants<br>Self Assessment in Centers<br>Develop Center/Individual Work Plans<br>Phase-In Technical Assistance by CDCPP Consultants |
| December 1 | Training Resources Identified |
| April-June, 1986 | Analysis of Training Needs<br>Phase-In Available Training<br>Initiate Development of New Resources |
| September-January 1986-1987 | Continue Technical Assistance, Training, Development of New Training |
| February | Components of Ongoing Coordinated Staff Development and Training System Drafted |
| April 1987 | Plans For Ongoing System Finalized |

BUDGET

Training System Coordinator — In-kind contribution from CCC

The Training System Coordinator will be hired by Cuyahoga Community College and work half-time with CDCPP and half-time in the Early Childhood Department of CCC-Western Campus. All personnel costs related to this position will be assumed by CCC.

Administrative Costs — Absorbed by the CDCPP Quality Enhancement Project

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